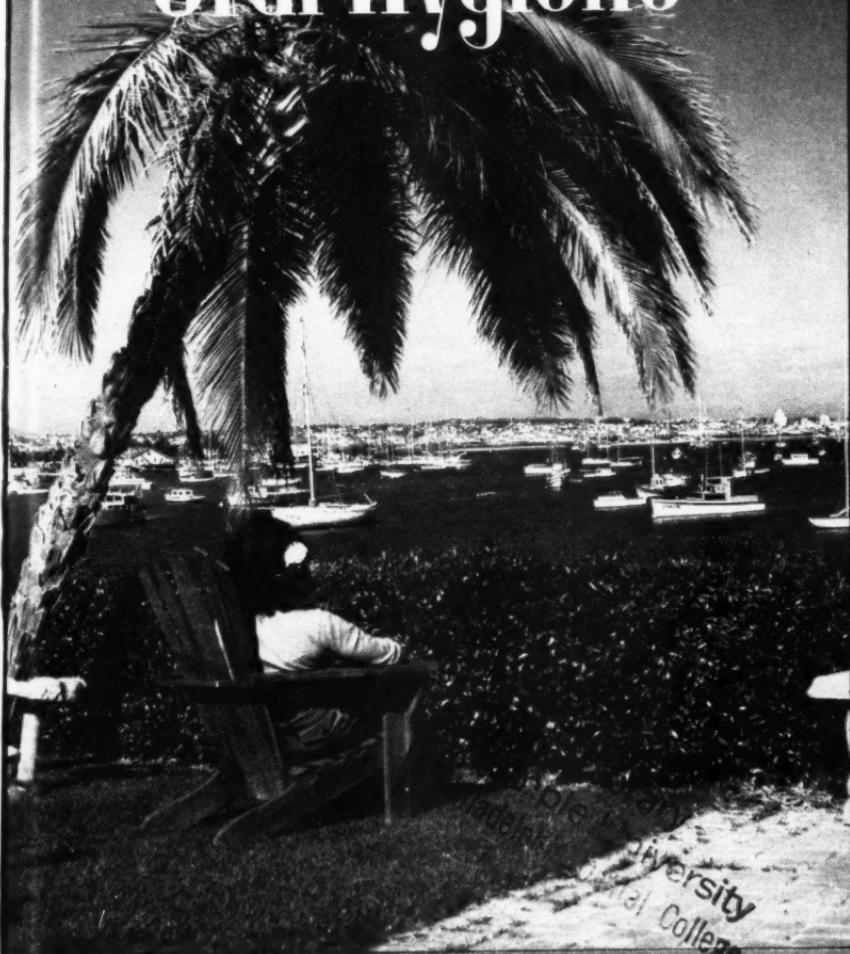


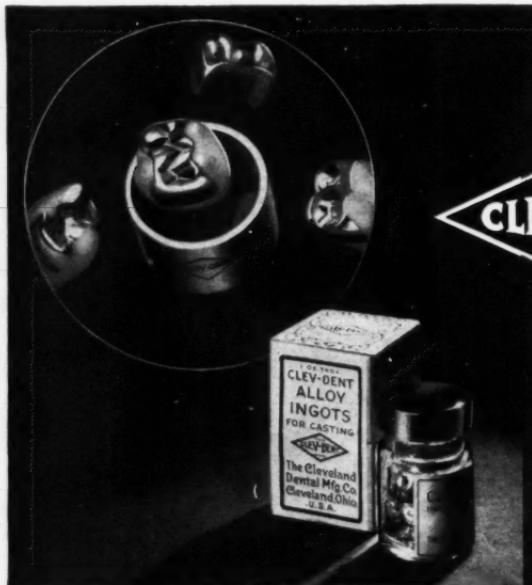
Oral Hygiene



A view of San Diego Bay, San Diego, California, host city of the Tenth Triennial Pacific Coast Dental Conference, to be held August 19 to 22.

**JUNE
1957**

In this issue:
**HOW TO PROTECT YOUR
FINANCIAL FUTURE**



Alloy INGOTS for C

Inlays made from CLEVE-DENT ALLOY INGOTS while hard are also sufficiently ductile to allow the margins to be burnished. They take a brilliant, long lasting polish.

The technic of using these ingots for an inlay is the same as that for a gold inlay except that they melt at a much lower temperature.

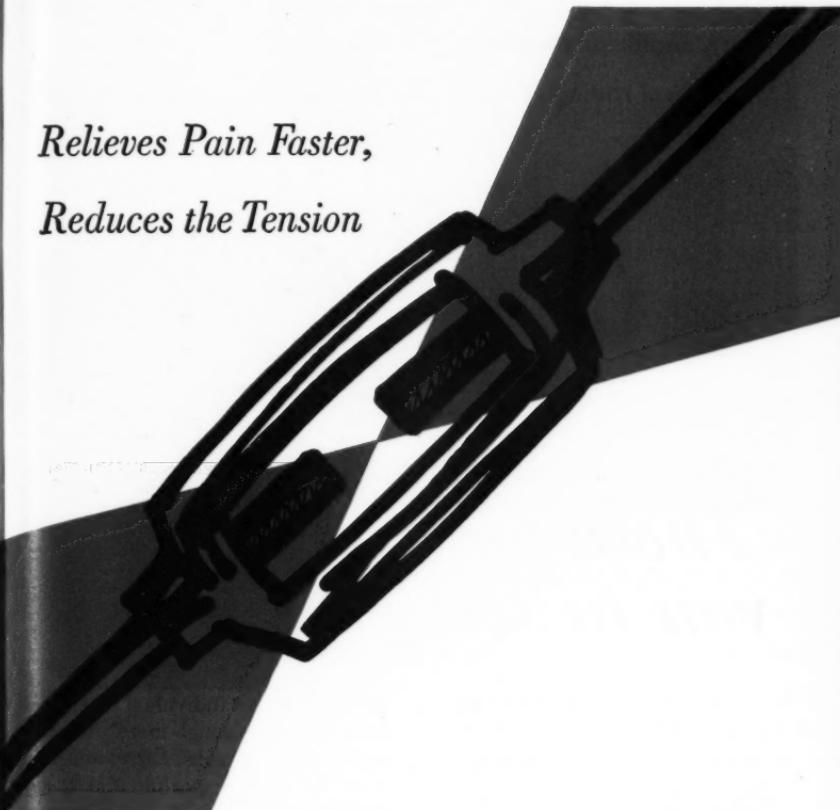
A non-oxidizing, soft flame without too much air is recommended for melting. Overheating may cause some of the lower melting metals to be burned out of the alloy.

Serving the
Profession since

1893

The Cleveland Dental
MANUFACTURING COMPANY
CLEVELAND 1, OHIO

*Relieves Pain Faster,
Reduces the Tension*



Anacin Tablets are particularly indicated in dental practice because they contain a *combination* of pain relievers, one of which alleviates tension and induces a more noticeable state of freedom from anxiety as well as relieves pain. Anacin does not upset the stomach. There are no side reactions. Faster-acting, long-lasting, better tolerated — this *greater total effect* in pain relief is why more dentists prefer and recommend Anacin than any other analgesic.

always **ANACIN**

for better relation between dentist and patient

Mandibular neoplasm? Or infection?

The occlusal radiograph provides information, guides treatment.

*"There for
you to see..."*

As a famous teacher told his students: "The burden is upon you. It is your responsibility to find the answer."

That's why it is necessary to make all the radiographs needed for a thorough knowledge of each case . . . First, a complete periapical examination, for record and basic understanding, then occlusal and extraoral radiographs as



required by the individual case. However, it is not enough merely to make sufficient radiographs. *Each radiograph must be of such quality that it will yield its complete quota of information.*

That is why it is wise to use Kodak x-ray materials always. They are made to work together—made to produce dependable results.



NOW TWICE AS FAST! SAME HIGH QUALITY!

New double-speed Kodak Radia-Tized Dental X-ray Film assures: (1) better radiographs (less danger of "blurring" from movement); (2) less radiation reaching patient, operator.

NEW CONVENIENCE: New Easy-Opening Packet with "saliva-repelling wrapper" for all Kodak Periapical Dental X-ray Film. Easier to handle in darkroom.

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...and identify"

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it will
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INTEREST your patients in preventive dentistry. Get first 50 copies of "How to Prevent Toothache," by Howard R.

Raper, D.D.S., without cost. Additional copies \$1 per 100. See that they see this revised 14-page booklet.



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X-ray Chemicals



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The Publisher's CORNER

By Mass

No. 431



UNTIDY TASK

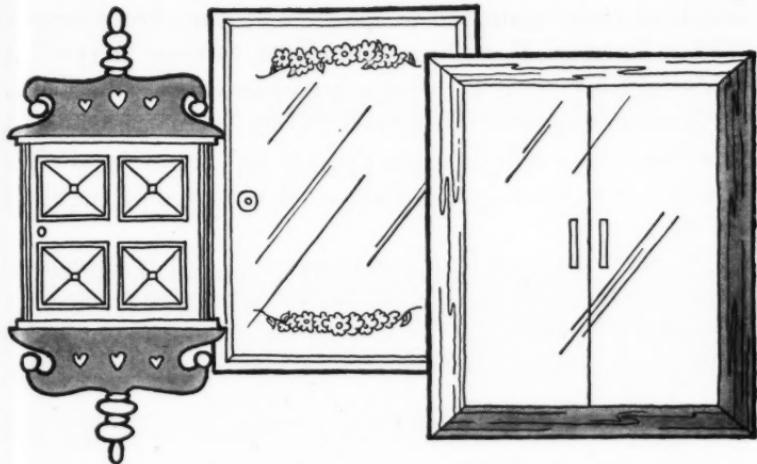
SINCE this column's childhood, the CORNER has always been fascinated by scrapbooks—mainly scrapbooks created by other people. It's an untidy task to clip and glue—clip and glue. Tricking someone into taking over this phase of the routine is perfectly legal.

Over the years, some of the clippings seem to become more precious—mostly clippings in which you find your own name in print. This one, for instance, headlined in type a bit smaller than this: **NOT TOO OLD TO FIGHT**. It's a London dispatch which Grandma had clipped from the May 8, 1881 *Sacramento Bee*.

The text read: "A dispatch from Paris says that a duel impends between Lepere, formerly Minister of the Interior, and Massol, Vice President of the Council of the General Department of Yonne. The latter is 76 years of age." Hurrah for you, thirty-sixth cousin thrice removed! We hope you sliced Lepere but good.

Some of the little headlines make any true scrapbook lover

June 1957. Monthly. Oral Hygiene, Inc., 1005 Liberty Ave., Pittsburgh, Pa. Subscription: \$5.00 a year in U. S., Canada and Latin America; \$5.75 elsewhere. Accepted as controlled circulation publication at Rutherford, N. J.



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**FOR THREE GENERATIONS, MEDICINE CABINETS
HAVE HELD ANTACID, EFFERVESCENT**

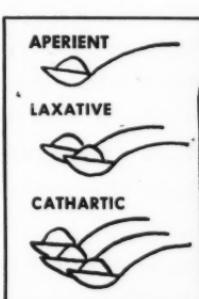
Sal Hepatica®

Since 1897, patients have been keeping sparkling SAL HEPATICA handy. They like its prompt, gentle relief of constipation. They know that if they take SAL HEPATICA half an hour before the evening meal they can usually expect relief before bedtime; that if they take it before breakfast it will usually act within an hour.

SAL HEPATICA, being both effervescent and antacid, promptly leaves the stomach. Its osmotic action draws water into the intestine, thus stimulating peristalsis. Evacuation follows promptly.

Pleasant-tasting SAL HEPATICA acts without griping. Its antacid effect helps

to overcome the gastric hyperacidity which often accompanies constipation.



BRISTOL-MYERS CO., 19 West 50 Street, New York 20, N. Y.

decide to come again and to spend more time. For example: "When Trowsers Were First Worn," "A Strange Story—The Father of His Country Petrified to Sandstone," and "The Would-Be Assassin Captured! He Admits Having Three Confederates! The Plot to First Kill Governor Packard and Then Hayes!" The dispatch, sent from New Orleans, had lost its dateline along the way.

The next scrapbook item (not chopped up yet) is a complete issue of a St. Louis newspaper, the *Daily Evening Gazette* for December 29, 1838.

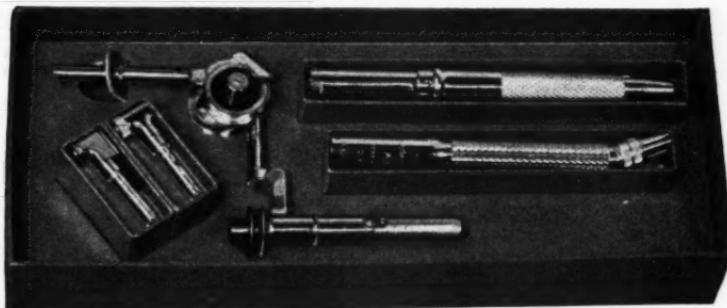
St. Louis dentists, several of them, patronized the *Gazette*. One of them had this to say: "Samuel C. Rose, surgeon dentist, and manufacturer of Silicious Mineral Teeth, continues still to devote all his attention to his profession, in all its departments, and pledges himself to all who may feel disposed to extend to him their confidence and patronage, that he will pursue no other than a thorough, sound, and scientific practice. He devotes special attention to plugging Teeth and to diseases of the gums. Teeth so much decayed that the nerve is exposed may rarely be filled. He inserts teeth in every possible way as the case may require. He professes a familiar acquaintance with operations of inserting complete sets of Teeth and from his success in operations of that kind heretofore, flatters himself he will be able to render uniform satisfaction. In no case where satisfaction is not yet rendered will any fee be charged. Irregularity and deformity of the teeth remedied. Children's teeth should be carefully attended to. No charge will be made for examining the Teeth or giving advice. Offices on the corner of Main and Olive Streets, which is fitted up for the reception of Ladies and Gentlemen."

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fabulous, yes!

And, surprisingly
INEXPENSIVE, too!

Now Experience Famous Imperator
Control and Precision for ONLY \$118.50



NEW 5-PIECE IMPERATOR OUTFIT

Imperator Wrist Pulley

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All you need for your most gratifying hand-piece experience for ONLY \$118.50.

Also available as described with Imperator Speed Increasing Wrist Pulley instead of standard Imperator Wrist Pulley. Increases speed approximately *three times* without increasing belt speed . . . ONLY \$140.50.

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For the ultimate in vibration-free performance select an assortment of Imperator Cutting Instruments, too.

After one day with the Imperator, Doctor, you will be convinced it is the best investment you will ever make.

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The
Strides
of
Science

— from oxcart



— from old fashioned remedies



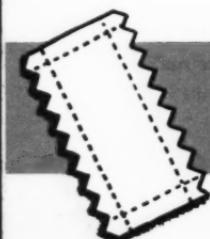
Remedies in
folklore for
toothache have
ranged from
eating an apple
roasted in a
species of palm
leaf, to inhaling
an infusion of
bamboo.

"Oxcart" therapy has long since been left far behind by authoritative medical research, which—in the field of dental analgesia—has resulted in the formulation of Poloris Poultice.

This modern scientific preparation employs the clinically-proven capsicum, to provide effective, gentle counterirritation, for gratifying pain relief and reparative tissue stimulation. Its action is enhanced by the local anesthetic, benzocaine.

Polaris Poultice acts directly—*locally*—on the local dental pain... free from the many dangers often inherent in general systemic medication.

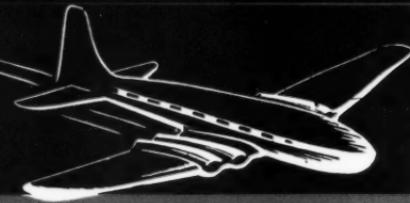
Polaris Company, Inc., Jersey City 2, N. J.



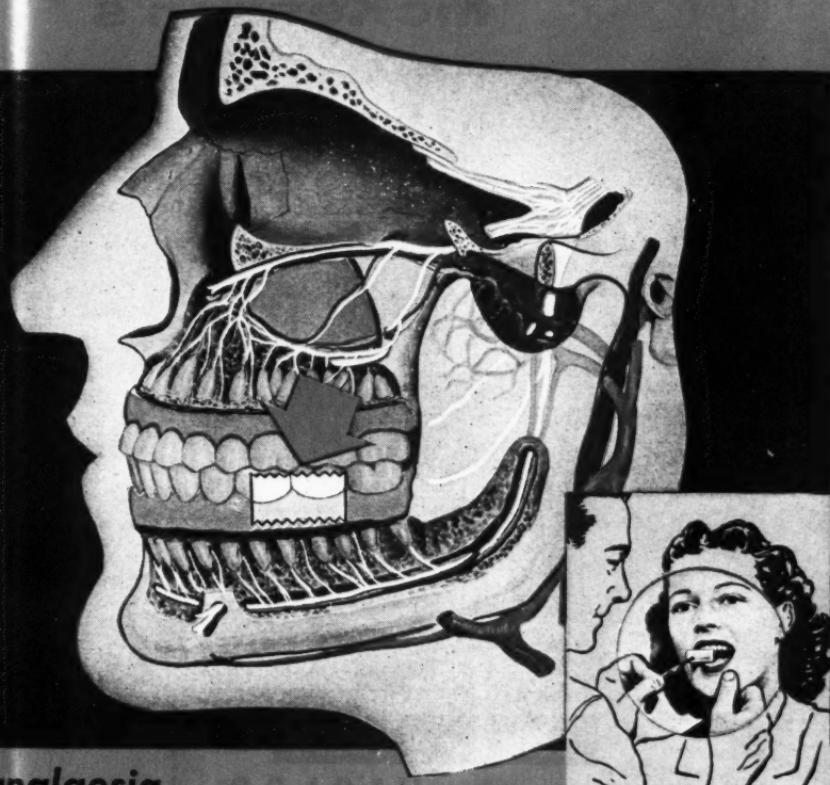
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— for effective pain relief, with reparative stimulation, in
emergency pain, pericementitis, dental abscess, erupting third
molar, root canal therapy, gum irritation, and dental neuralgia

to modern jet transport



MODERN POLORIS POULTICE



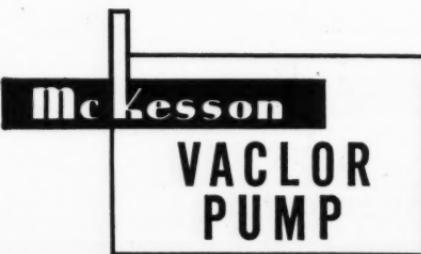
analgesia
through hyperemia



The high-volume low-vacuum
central-system unit . . .
especially designed
for use with the new
high-speed handpiece techniques!

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soon!**

Heavy-duty Vaclor Pump
is a quiet low-speed model
of entirely new construction . . .
designed for continuous operation.



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NEVER
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YOU ALWAYS GET A
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Jeltrate

This remarkable impression material works perfectly every time . . . in the mixing bowl, in the tray, in the laboratory. Uniform accuracy has made it dentistry's most widely used impression material.

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combines the dependability of hydrocolloids with the convenience of Jeltrate. Contrasting pink color.

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ATARAX saves chair-time lost to "drill-consciousness" or chair fear. For patients who are resistant . . . nervously talkative . . . for those who require long procedure preparation . . . and restless children . . . ATARAX brings peace-of-mind calmness in the dentist's office.

SAFELY: "The digestive and general tolerance was perfect."¹ And ATARAX does not cause mental fogging. After his appointment the patient returns to his job

or classroom with a clear mind. Safe for children, too.

SWIFTLY: ATARAX generally takes effect within 15 minutes.

FLEXIBLY: Pleasing ATARAX Syrup particularly suits office needs. Two tsp. (20 mg.) usually soothes patients within 15 minutes; a single 25 mg. tablet achieves the same effect. Or you can prescribe 5 or 10 ATARAX Tablets for the patient to take at home. Suggest one tablet 2 or 3 hours before each visit.

1. Bayart, J.: International Congress of Pediatrics, Copenhagen, Denmark, July 22-27, 1956

PEACE OF MIND ATARAX®

(BRAND OF HYDROXYZINE) Tablets-Syrup

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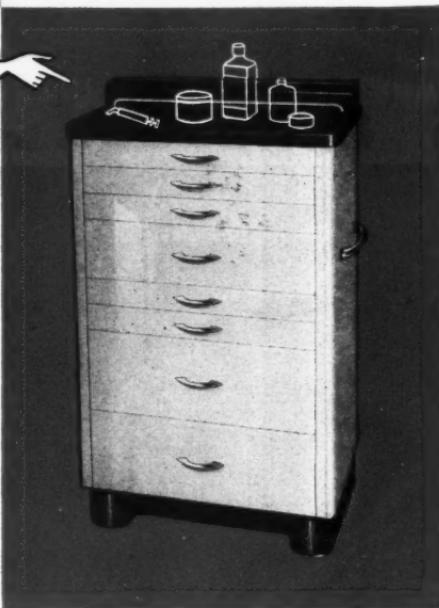
Literature



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This popular-size steel cabinet's damage-defying Formica work surface is recessed to keep instruments on, spilled liquids in.

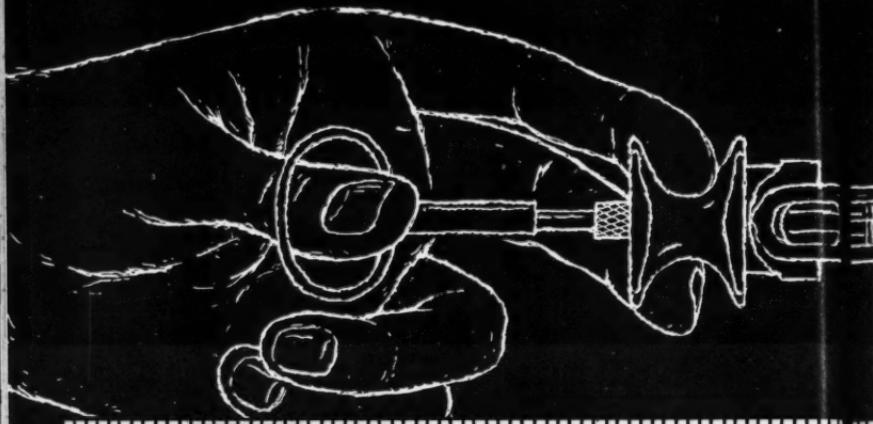
Mobile cabinet is always an arm's reach away . . . five tray-width drawers . . . covered bottle compartment . . . many other use-tested features.



Available in all standard dental colors in durable enamel finish. Top and base gray or black. Ask for No. 5040.

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in speed . . . in depth . . .



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98th Annual Session of the A.D.A.
Miami — Miami Beach, November 4-7, 1957

a new yardstick
for measuring performance



of local anesthetics

... in patient tolerance

RAVOCAIN[®] HCl

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This improved Ravocaine and Novocain local anesthetic formula adds a new level of patient tolerance to the extremely rapid onset, unsurpassed depth, and moderate duration for which the Ravocaine-Novocain combinations are so famous.

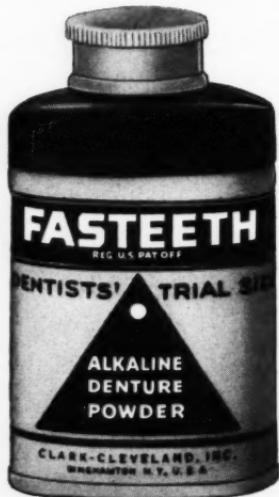
The key to its higher level of patient comfort and tolerance is the better tolerated vasoconstrictor, NEO-COBEFRIN, the levorotatory form of time-tested Cobeprin.*

RX for restorative and
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Order a supply today!

Why Dentures Reduce Normal Biting Power To Only 25%...

Lost chewing force may be
considerably improved by a special
powder that distributes shock
and stabilizes the denture.



FASTEETH is the alkaline
fixative powder made
exclusively by
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NATURAL TEETH

Average biting force

100 lbs.

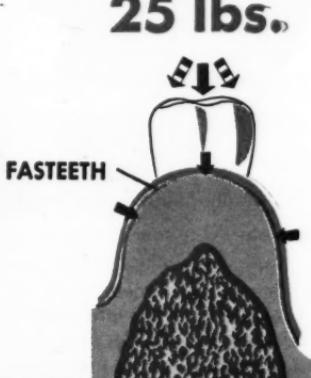


Natural teeth are seated in sockets in the bone lined with periodontal membrane which serves as a natural "gasket" and acts as a shock absorber. As a result, chewing force is determined chiefly by the musculature of the individual. The average chewing force is known to be approximately 100 pounds.

DENTURE

Average biting force (without special powder)

25 lbs.



Dentures rest on tender soft-tissue which is sensitive to pressure. Normal chewing may cause pain—and when pressure is uneven the denture is often dislodged. FASTEETH acts as a "gasket" to absorb shock and distribute chewing force over the entire denture area. Hence, biting power may be comfortably increased. At the same time the denture is stabilized providing new self assurance. And FASTEETH makes it easy to eat the hard-to-chew foods like meats and fruits that are essential to normal and geriatric diets.



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If you are in need of a metallurgist to convert your dental scrap into cash—remember that Spyco's "men of metal" have over 44 years experience in combining gold, platinum, palladium and other precious metals to produce the alloys dentists use . . . and should know best

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R.P.M.

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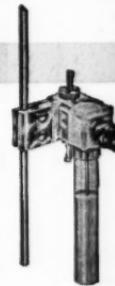
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A cooler running high speed Angle capable of multiplying handpiece speed $2\frac{1}{2}$ times. Flexible—to reduce handpiece speed . . . remove Hi-Drive Angle and replace with standard ball bearing angle. Available in both Contra Angle and Right Angle.



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AUTOMATIC OILING SYSTEM

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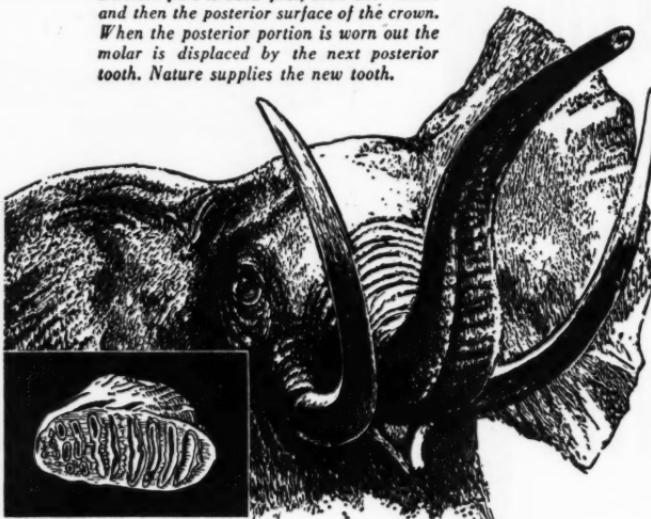
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NATURE NEEDS NO HELP . . .

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NATURE NEEDS NEY GOLD

Man's tooth replacement must be done by man. He designs a partial and casts it in Ney-Oro G-3, a gold alloy that has twice the strength* of wrought structural steel. By choosing Ney-Oro G-3, man does much more than just replace missing teeth because G-3's resiliency and dimensional accuracy in casting *protect and preserve* the remaining teeth.

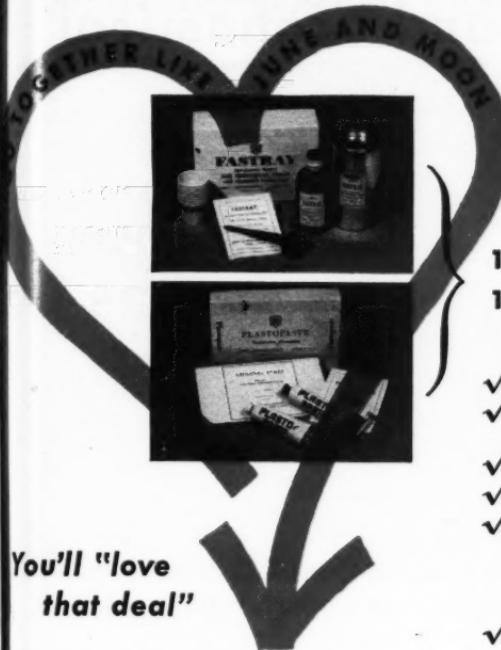
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HARTFORD, CONN.

IMPRESSION MATES



SPECIAL
Price **\$10.00**

... FASTRAY, the quick plastic for individual trays, and PLASTOPASTE, the Impression Corrective—is a natural combination for making dentures better

1 Box FASTRAY \$750

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FASTRAY—

- ✓ 3 minute technic
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These "IMPRESSION MATES" provide everything you need for making dentures better. FASTRAY, the self-curing plastic, enables you to produce an individual tray for your particular requirements in a matter of minutes. PLASTOPASTE, the new impression paste has all of the advantages of plaster without any of the disadvantages. Use this ideal combination for completely satisfactory results.

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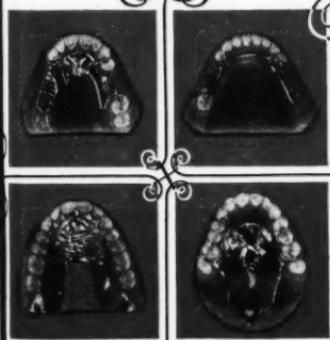


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Everything YOU WANT-



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Nobilium is synonymous with "progress in prosthetics." It is, of course, the "Aristocrat of Chromium Alloys"—but, as dentists throughout the world agree, it is much more. Actually, when you specify "Nobilium" you are designating a complete and comprehensive means to better restorations, including not only the finest possible alloy, but also the scientific laboratory materials, electric casting and electrolytic polishing equipment, and the technical processes that have been perfected to achieve "everything you want" to please your patients. For all types of dental prosthesis, including

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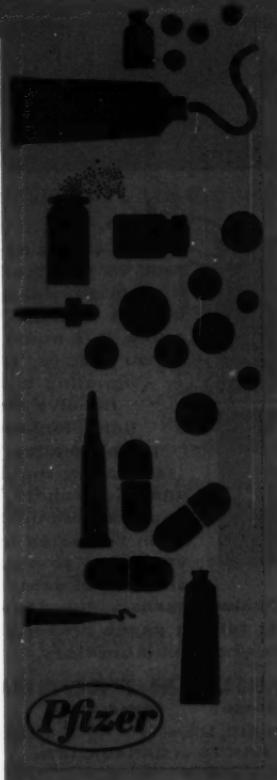
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For ease of treatment
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 in everyday dental
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SYSTEMIC TERRAMYCIN
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 For combined anti-
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the discomfort of a rotary instrument**

In the hands of her dentist
the Cavitron is a precision instrument
for reducing tooth structure
gently, silently, rapidly
without grinding noise or gross vibration

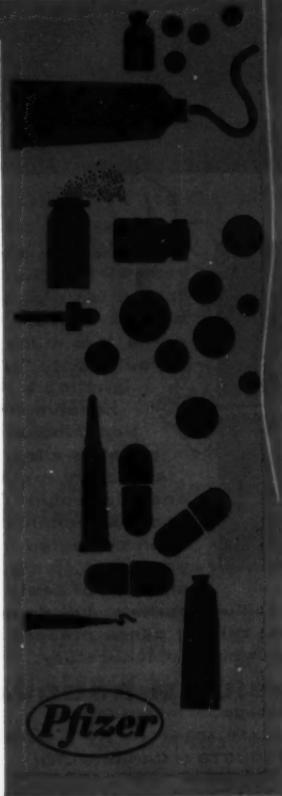
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your practice

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For ease of treatment and rapid control of the majority of infections encountered in everyday dental practice:

SYSTEMIC TERRAMYCIN
 (without the need for injection):
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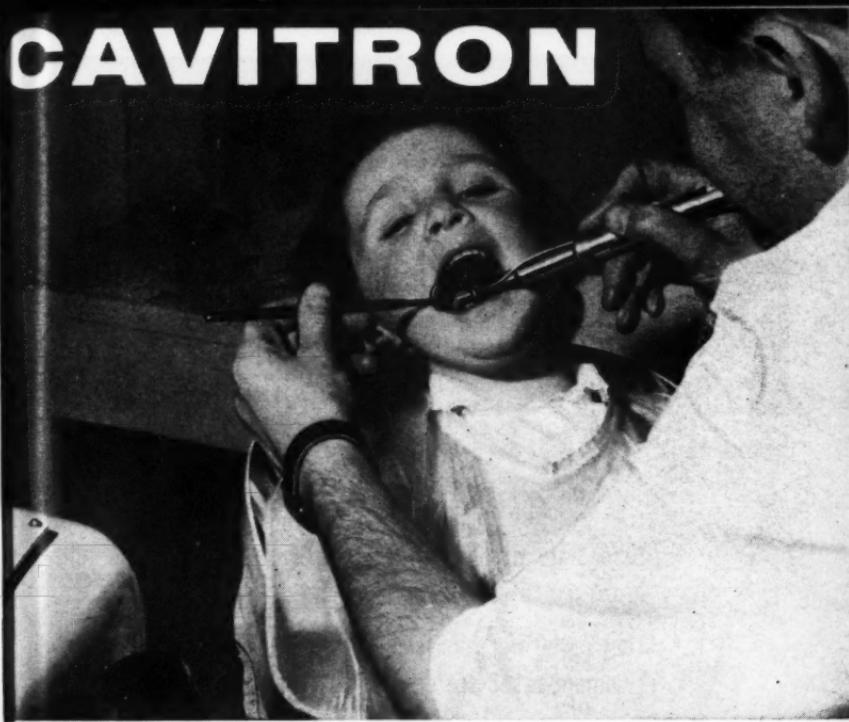
TOPICAL TERRAMYCIN:
 Dental Cones, Dental Paste, Soluble Tablets

TERRA-CORTRIL†
TOPICAL OINTMENT:
 For combined anti-infective, anti-inflammatory potency.

*Brand of calcium di-oxytetracycline

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for reducing tooth structure
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That's why we say Ticonium cases make money for you. Ticonium cases are cast to fit — no lost chairtime.

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FOLLOWING OPERATIVE PROCEDURES

Patients who suffer the physiologic stress of dental surgery need STRESSCAPS to speed tissue repair. The formula provides B-Complex and Ascorbic Acid in a dry-filled capsule for rapid and complete absorption. Available on your prescription in bottles of 30, 100 and 500.



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Vitamin B ₁₂	4 mcgm.
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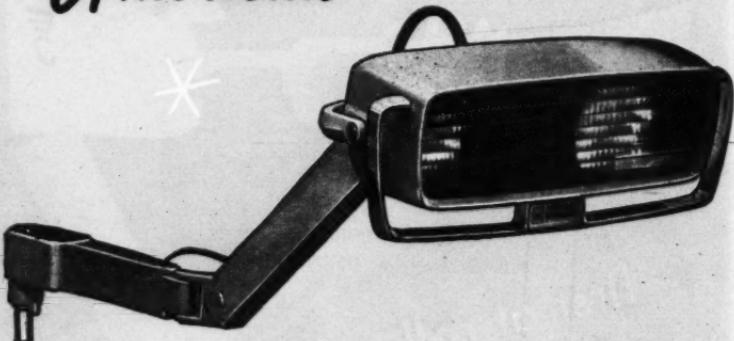


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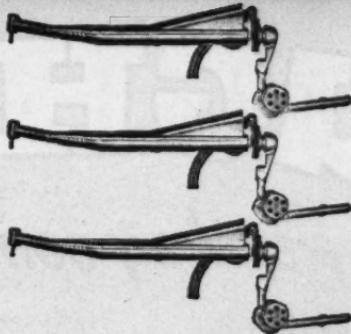
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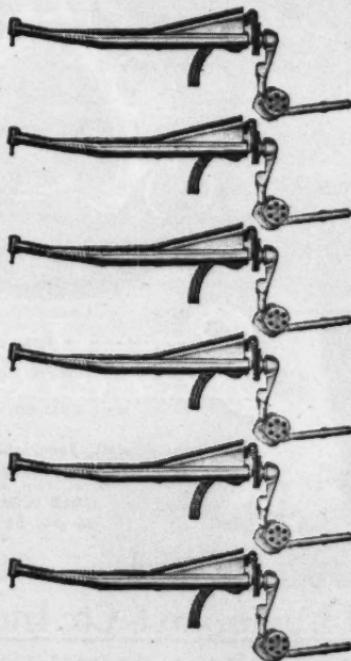
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Oral Hygiene

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34
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Picture of the Month



SECRETARY of the Interior Fred A. Seaton on the left and Doctor Keith A. McNurlen, President of the Ames Chapter of the Izaak Walton League of America, are shown after they had taken part in a discussion concerning the reorganization of the Fish and Wildlife Service under Public Law 1024. This law provides for the creation of a Bureau of Commercial Fisheries and a Bureau of Sport Fisheries and Wildlife.—*Photograph by Nevada Journal, courtesy of Ames Izaak Walton League.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

2

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How To Protect Your Financial Future

Saving money for retirement is not enough—you must maintain its value in purchasing power.

BY HOWARD K. TERRILL, DDS

IS THE long term picture of our economy one of inflation? Does the future point to higher incomes for all segments of our society? Is this a time when investment of your money is important? The answer to these questions is definitely yes. Can you afford to ignore your own financial future?

It is generally true that you as a dentist will make more money per year than most white collar workers, junior executives, and many others. The question is, what do you accomplish with this larger income? If you spend it all, you certainly cannot expect financial security in your old age—OASI notwithstanding. If you rely only on a savings account, you may learn too late that unless money is put to work for you, you will always have to work for it. Re-

member that there is no pension plan operating for you, no welfare fund or union to look out for you in adverse times. A professional man is usually an individualist, and as such must look out for his own interests.

It requires a certain amount of effort to make money, but it may take even more to keep it. Keeping the same number of dollars is no particular trick. To make your money keep its value in purchasing power is the important and difficult thing to do. The common ways of saving money are by savings accounts, savings and loan associations, insurance policies, buying a home, buying land for resale, investing in a business, and buying stock. We will discuss these methods, their merits, and drawbacks.

Everyone of us should be acquainted with some basic facts about our economy, its history,

and probable future. These facts take the form of figures and are easily understood. For many years the economy of the United States has been advancing about 3 per cent per year. Our expanding population requires expanded production. As productivity advances, wages advance. More money comes into circulation, and this with other factors decreases the purchasing power of the dollar. Actually, inflation is the result of many factors, but this is not the place to discuss them. The point is that we have had a creeping inflation for many years, and there is no end in sight. In the past fifty years, there have been only brief periods when the value of the dollar has actually gone up. This happened during 1932 and 1933, the severe depression years. The accompanying table shows how the real value of your dollar has shrunk in just sixteen years. For comparison, the 1940 dollar is valued at 99.2 cents, based on the 1939 dollar.

If you had \$1000 deposited in the bank in 1940, drew it out to spend in 1956, your thousand dollars would bring only half of its original value in goods and services. With population growth, wage increases, government and defense spending, we have "built-in" inflation. The person who has saved dollars in a safe place, hoping that things would get cheaper has had the rude shock of seeing his dollars grow cheaper.

Probably the most widely used method of putting money to work is the bank savings account. This will keep the same number of dollars in a safe place for you, but the small amount of interest paid does little to offset the decrease in purchasing power. In the same category with savings banks, we might place savings and loan associations and most bonds. These institutions generally pay 3 per cent, sometimes more and often less, depending on the supply of money available. Bonds, as the average citizen knows them, pay 3 per cent. Here again the money is "safe," but hardly in a position to appreciate in value. If only savings bonds were bought ten or fifteen years ago, the actual worth of the money which you would receive at maturity is less than was originally invested. Obviously, this is not a way to get ahead in financial circles. To many people, bonds represent the ultimate in investments. Whenever one wants to accumulate his surplus income in almost absolute safety, bonds should be considered; but it is well to remember that bond prices move little, and cannot offer the opportunity for gain found in more volatile securities.

Many people consider the purchase of a home as an investment. However, unless you pay for a home outright or in a short time, you are going to pay many thousands of dollars over the purchase price in interest. Homes are gen-

DEVALUATION OF THE DOLLAR

(1940 - 1956)

(The 1940 dollar is valued at 99.2 cents.)

1940	99.2
1942	85.2
1946	71.2
1948	57.8
1952	52.3
1956	51.1

targets for this type of policy since they must set up their own retirement program. The theory of these policies is fine, but inflation catches up with insurance as well as savings accounts. Remember advertisements of the 1930's that promised retirement on \$100 a month? It is true that you could have lived on \$100 a month when you started buying the policy, say in 1935. Could you do it in 1955? The insurance company did not cheat the policy holder. They paid out as advertised, but it now takes two or three hundred dollars to buy what should cost \$100. Annuity policies have their place; but before committing a share of your income for many years to this type of program, it should be examined in the light of continuing inflation.

Purchase of land as a hedge against inflation and long-term appreciation has many advocates. Land keeps pace with inflation to a degree, since it is in limited supply. Most of us city dwellers can remember areas that a few years ago were farm land around the outskirts of the urban area. Today these areas are covered with suburban developments. Ten or twenty years from now, current pasture land will be converted into shopping centers and homes. Despite the general increase in the value of land, there are pitfalls here for the investor. Accurate foretelling of land values in specific areas is difficult, and often experts are not

really worth less as they get older—styles change, neighborhoods deteriorate, taxes increase, repairs become increasingly expensive, and there is a never ending train of bills related to home ownership. Although it is generally conceded that renting is cheaper, most of us will buy. As long as the home is considered a place to live, and not a savings account or "gilt-edge" investment, you will not be deluding yourself.

Inflation Affects Annuities

Insurance is often regarded as a way to protect your future and save money. Protecting one's family in the event of sudden death is certainly worth while, and for this reason straight term insurance is the best buy. It gives maximum protection for minimum payments. The annuity plan has been widely sold for many years, and it seems that professional people are special

correct. From the point of view of the small investor, land ownership has the disadvantage of being taxed whether or not it is becoming more valuable. Also, money tied up in land may be hard to recover. Land is not always easy to sell and one may have to wait months or even years for a buyer. If you are familiar with real estate it presents opportunities for gain, but it is wise for amateurs to go slowly.

If one can invest surplus funds in a growing business, he may take care of his financial future with a minimum of worry. If you are aware of a local business, store, timber land, or something of that nature that you can put money into, it would be well to investigate it. This is certainly easier to do when you know people connected with the enterprise. Many small businesses which were started years ago have provided their original backers with ample reward. There may be a golden opportunity for investment in such a venture.

Advantages of Buying Stocks

Logically, the best way to keep abreast of inflation is to own something which will increase in value as fast as the dollar decreases in value. This brings us to part ownership of industry through common stocks. Mention of stocks may remind you of 1929, but it should be noted that there is a vast difference between our economy

now and that of 1929. Government is in more phases of business, there are more controls on stocks through the Securities and Exchange Commission, federal policy is one of controlled prosperity, and there is a greater potential demand for goods and services that has never existed before. There are probably few enterprises so carefully watched as the New York Stock Exchange, solely for the protection of people who do business there. An Exchange is just what the name implies. It is a place where shares in companies are traded. If a person makes or loses money, it is his doing and not some mysterious hocus-pocus which is responsible. It is not difficult to learn about common stocks, what they represent, and how to trade. There are books on investment and stock market operations in every library. A few hours reading will not make you an expert, but it will show you that there is nothing secret or difficult to comprehend about stock trading.

Once one becomes familiar with the general workings of stock investment, he should widen his reading to include a financial journal or two. A broker who will handle the actual buying and selling can be found, and will be glad to give advice and information. Every brokerage house sends out information on companies, industries, and new developments, which generally are available to you at

no cost. Once you feel that you understand enough about an industry or a company you should buy some stock in a particular company that you like. In this venture you may select from thousands of companies, big or little, old or new. You can get help in making selections, or you can make up your own mind. If you want expert management, you can buy mutual funds which buy many stocks and are diversified.

Common stocks will fluctuate in price. This has always been the case. Always remember that the long-term outlook for the economy is one of gradual inflation. Stocks will keep pace with this inflation. Underneath the daily flutterings and movements of stock prices is the giant potential of a rising population, increased productivity, and a government policy dedicated to prevent serious depression. Stocks should be purchased with a view to the future. Can you doubt that there will be greater demands for natural gas, power, oil, steel, chemicals, autos, and thousands of other products and services? Purchase of stocks should not be looked on as a way to get rich quickly. Such trading involves a great deal of knowledge, intimate contact with the market, and split-second timing. This is not for the part-time investor. The long-term investments will serve you much better. It is always well to remember some advice that has been advanced by experts in the field.

First, learn all you can about a company through their financial reports, their past history, their policies, and management. Second, stick to recognized companies. For instance, companies listed on the New York Stock Exchange must meet definite requirements before their stock can be traded. Third, keep part of your surplus funds in cash, or readily available for personal emergencies, or for buying stock when a favorable opportunity exists. Fourth, do not engage in short-term buying and selling. This is usually fatal for the nonprofessional trader. Fifth, evaluate all the information on a company for yourself. Sixth, ignore "tips" and speculations. Seventh, do not switch investment from one stock to another without good reason and ample consideration. Eighth, invest regularly and stick to a definite policy. Ninth, when you make a mistake, admit it and take your loss. Tenth, reinvest dividends, and never touch capital unless absolutely necessary.

It has been said that a good investment is worth a lifetime of labor. If you fail to put surplus money to work for you, you may be inviting financial disaster in the days when you can no longer work. Money makes money, and the money that money makes, makes more money. There is no lack of opportunity to invest and profit. It is up to you.

215 East 63rd Street
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What is the Academy of General Dentistry?

BY T. V. WECLEW, DDS

THE ORGANIZATION of a society, such as the Academy of General Dentistry, is dependent on three main factors. First, there must be a desire for such an organization. Second, there must be a driving force composed of at least a small group of hard-working dentists with practical ideas. Third, there must be a general acceptance by professional people who will be affected by such an organization, and at least the tacit approval of the journals, educational bodies and other organizations. Fortunately, the development of the Academy of General Dentistry had all of these factors working in its favor, at least sufficiently to get, "the show on the road."

We do not think that the need for such an organization should be belabored. Suffice it to say, that all of the specialties in dentistry and

all of the specialties in medicine have such an organization. In addition, medicine has an organization called the American Academy of General Practice devoted to the needs and aims of the general medical practitioner. These bodies have set up goals and requirements for membership that they consider necessary, all of course, within the scope of the American Dental Association or the American Medical Association.

The knowledge that less than 8 per cent of the general practitioners go back to school during a year also influenced our decision to develop an organization, which would promote postgraduate study. The need and the desire for an Academy of General Dentistry we felt were further demonstrated by the interesting phenomenon of the study clubs. Their formation and function showed the desire. Their frequent disintegration was a cause

One of the founders of this organization for the general practitioner reveals the reasons behind the development of the group and what it hopes to accomplish.

for our concern. Somehow we felt that if there were a parent body or national organization devoted to general practice there would be more continuity of existence in many of these defunct groups, which have often been sacrificed to depressions, wars, or man's indifference.

The driving force we had. Counselled and encouraged by Doctor Isaac Schour at the University of Illinois, and inspired and aided by the late Doctor J. Marchmont-Robinson, the power behind the Academy of General Practice of Medicine, we launched the Academy of General Dentistry. The incorporation and the choosing of an acceptable name we accomplished after surviving the regular amount of irritation. The Department of Registration and Education of the State of Illinois had to be consulted for an "allowable name." The constitution, by-laws, applications, and certificates of accomplishment for the members were developed. We also had to decide on and try the minimal postgraduate requirements for membership. These were tentatively set at two full days in college each year, plus thirty-five hours of

other scientific meetings annually, and attendance at at least one-half of all local American Dental Association scientific meetings. We had acceptance by at least one school of our ideas and soon others followed. In order to see how difficult our minimal requirements would be, the eight incorporators of the Academy of General Dentistry enrolled at the University of Illinois. Far from finding this a task we soon enrolled in another, and then a third course at the Chicago College of Dental Surgery, Loyola University. One course followed another over the last five years, and the incorporators now have an average of three times the minimal requirements.

Approval is General

The parent and local dental societies have at all times given at least tacit approval, and the deans of ten dental colleges are honorary members of this Academy. The journals have always given us space when we had something of particular interest to report.

From our inception we have had the approval of dentists who will be affected by such an organization. The general acceptance of membership or perhaps the requirements which it entails, has been slower.

Perhaps this results from the fact that our aims are purely idealistic. We do not have an economic survival motive to worry about as did the general practitioners in medicine when they were confront-

ed with the question of who was to take care of the patient when he was hospitalized—the specialist, or the general practitioner.

We felt that dentistry had progressed so rapidly in the last quarter century that the dentists of this period who did not keep informed would be relegated to the same comparative position, which the Mid-Victorian practitioner held before the first or second World War. The challenge of today in all science is to keep up with the tremendous progress made, and dentistry has certainly kept pace with this advance, but has the average general practitioner done so?

One of the members of our Academy had these comments to make on his interest in our organization:

"My profession has been a source of pleasure to me as well as education. Its basis is the continuing participation in postgraduate study, primarily of a dental nature.

"Dentistry has progressed and is progressing so rapidly I can no longer afford to sit idly by relying completely on dental knowledge of a decade ago. Today with the help and companionship of the members of the Academy of General Dentistry I thoroughly enjoy the advantage of group therapy in visiting, observing, and studying the new sites and scenic views of dentistry, and traveling down its more familiar superhighways through postgraduate study."

The general practitioner's lack of interest in postgraduate courses offered by the dental colleges is one of the indictments of our profession. What the causes of this indifference are, is not quite clear; but we might speculate on some of the pertinent questions. Does the dentist's rugged individualism influence his attitude toward post-graduate study? Does the feeling that once existed among the older graduates, that many of the basic science facts and theories are soon forgotten so why take more, still persist? Do most dentists feel the attendance at the scientific sessions fulfills their educational obligations?

Whatever the reasons, it is still a fact that the average dentist who practices approximately forty years goes back to school about three times. When we realize that many of the courses offered are one-day sessions, the picture is not encouraging.

Are Schools Responsible?

The extent to which the schools are responsible for this apathy might be an interesting line of thought to pursue. Is it due to high cost of some of the courses, or to the time lost from productive offices? Do the schools offer the type of course the average dentist thinks would be practical for him? Do the schools now, and have they in the past, stressed the importance of postgraduate study to their undergraduates? Most of these ques-

tions about the school's responsibility in the promotion of postgraduate courses can be answered to their credit.

The majority of dental colleges have been offering postgraduate programs for the last forty or fifty years, although it is also true that a few have offered little or no postgraduate study. A lack of facilities and funds have been the deterrent in these few instances.

To answer the preceding questions, the cost of most postgraduate courses is not completely covered by the student. Therefore, the college budget must make up the difference. This is especially true of small classes whenever imported talent must be paid. Large study groups would directly bring down the cost to both school and student. The problem of productive time spent away from the office has been met at many schools by scheduling the courses on Wednesday and weekends. As to the type of course the dentist wants, the school will give whatever course is desired, if the group is large enough. The question of impressing the undergraduate with the importance of his future postgraduate study could best be answered by the comment, "Apparently the message has not gotten through." As to students not wanting more theory, it should be emphasized that dentistry is more of a science today than ever before, and certainly the schools still offer many practical courses.

Whether or not the average den-

tist can obtain enough from the scientific sessions of dental societies to refresh the basic theories of good practice and give him the new techniques, is dependent on a number of factors. First, he must attend these scientific meetings regularly, something which not half of the membership does. Second, when he does attend the practitioner must have an earnest desire and make a concentrated effort to learn as much as possible.

The interesting development of study groups over the last half century has indicated a desire for further knowledge, and in some ways has compensated for the failure to attend dental school classes. However, this format lacks several requirements. In the first place, many of these study groups are dedicated to one particular phase of dentistry and disregard other phases. Second, as I have mentioned, they lack continuity of existence. By far the larger number of these groups are motivated by one or two mainsprings or workers who are the driving force behind a loosely knit organization. If the worker becomes incapacitated or loses interest, the study club is in a precarious position.

One certain way to encourage the general practitioner's interest in postgraduate study is to help develop an organization dedicated to its promotion. This should have continuity, establish minimal requirements for membership, and generally raise the standards of the

general practitioner. Fortunately, the Academy of General Dentistry is such an organization and is functioning today, proving the points that I have mentioned. It is working with the dental schools and the American Dental Association. The Academy has established minimal requirements for membership as follows:

1. Fifty hours of attendance at formal postgraduate courses in a university every three years.
2. Attendance at one-half of all local dental society meetings (of the American Dental Association).
3. One hundred hours of attendance at any scientific dental meeting. Number 2 credit may be used as well as hospital attendance and study club attendance to fulfill this requirement.

The practitioner in general dentistry should consider being part of this well-defined program, which has been proved practical and inexpensive, without causing loss of productive time, and giving him a voice in the formation and selection of courses that he desires.

We invite membership in the Academy of General Dentistry.

8500 South Stony Island
Chicago, Illinois

SUGAR, SUGAR EVERYWHERE

IN *one week* an average urban family in the United States uses 2.75 pounds of sugar, sirups, molasses, and honey! Of this amount the consumption of white sugar is 2.66 pounds. Additional sweets are supplied by .59 pounds of jellies, preserves, and jams. Candy amounts to .37 pounds.

The consumption of sweets among rural families is larger: sugar, sirups, molasses, and honey, 4.97 pounds per week for each family (4.78 pounds white sugar); .93 pounds of jellies, jams, and preserves; .39 pounds of candy.—U.S. Dept. of Agriculture, *Household Food Consumption Survey* (1955).

BALANCED DIET NECESSARY

SCIENTISTS estimate that we Americans eat ten times as much sugar as our great grandfathers did. They also note that dental conditions have become worse as civilization has developed, and the sweet and sticky foods of today are singled out as the number one enemies of dental health.—*Monthly Bulletin, Indiana State Board of Health*, February 1957.

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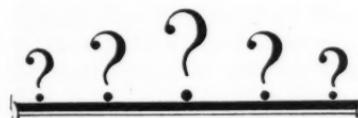
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So You Know

Something

About

DENTISTRY!



BY ROLLAND C. BILLETER, DDS

CLIII

1. Should persons susceptible to keratosis avoid excessive smoking? _____
2. Which of the following types of fog affect x-ray film? (a) age, (b) white light, (c) roentgen ray radiation, (d) chemicals. _____

3. Is bruxism usually associated with periodontal disease? _____
4. Carcinoma of the gingiva usually occurs in (a) the molar and bicuspid region, b) the anterior part of the mouth. _____
5. True or false? For rapid and effective pickling the acid should be hot. _____
6. The root of the upper first bicuspid is divided in about (a) 10, (b) 28, (c) 50, per cent of the teeth. _____
7. What is the Bennett Movement? _____
8. True or false? Pain in a deciduous tooth (especially at night) generally indicates a dying pulp. _____
9. With high speeds, the average life of a carbide bur cutting hard material is (a) 15, (b) 25, (c) 35, minutes. _____
10. What is Bell's Palsy? _____

FOR CORRECT ANSWERS SEE PAGE 72



BY WILLIAM R. SMITH, BS*

SINCE THE days of Mesmer there has probably been more nonsense propagated about hypnosis than any other known phenomenon. It has been the mysterious basis of many religious activities, the tool of many cults, at times lauded as a cure-all, and at others rejected as worthless trickery. It has been used on the stage as an implement for mockery of the human mind and the integrity of the individual, distorted by the spiritualist to deceive the innocent, and by the charlatan in his many nefarious activities and deceptions. Some religions regard it as the work of the devil and his agents; some seem to have no feeling one way or the other; and finally, others have taken suggestion, the basis of hypnosis, as-

*The author presupposes a knowledge of hypnosis by the reader and his appreciation of its value in dentistry.

signed to it divine powers, and built a religion on it while damning hypnosis in the same breath. To add to this confusion there are rumors that it may even be a valuable scientific tool.

There is little wonder that so much skepticism, ignorance, and confusion are evidenced among the lay public at the mere mention of the subject. In view of this, it would seem certain that the hypnodontist would be left polishing his scalers, while his formerly faithful patients scampered about searching for members of the profession who deal in less mystical procedures.

Statistics, however, show this not to be the case. In fact, most hypnodontists find that for each patient lost because of hypnosis, several take his place for the same reason. Perhaps an objective examination of why this is true

It is the duty of professional men acquainted with the use of hypnosis as a scientific tool to protect the public against its misuse.

would be worth while. There are many reasons and only the more important ones will be discussed.

Your patient, like all of us, will normally follow the course of minimum resistance. When he walks into the dentist's office he faces what to him represents an ordeal. Much of his concern, anxiety, and apprehension, you will recognize as a conditioned response due to previous psychic and physiologic trauma as well as to suggestion.

Those readers who doubt the action of suggestion here need only, when making their next picture of a third molar, explain to the patient, after the film has been carefully placed, the importance of *not* swallowing. This act serves to call his attention to the process and sets up a chain reaction. His awareness of his throat causes the muscles to contract as he, in his attempt not to swallow, actually suggests to himself how badly he needs to swallow. Just as you make the exposure, his imagination (that he needs to swallow) overcomes his will power (that he will not swallow) and instead of the carefully planned picture there results a beautiful blur on the film where the third molar should have been.

Ideally, any patient would prefer no needle, no pain, during or after difficult dentistry; in fact, he would rather not be in your chair in the first place. This, of course, seems like an impossible situation at first glance. However, the hypnodontist knows the answer, and when the occasion warrants he pulls from his black bag a most provocative weapon, hypnosis.

Some members of the profession feel that hypnosis is too slow, and that too much time would be wasted using it. There are several approaches to this problem. It is true that the first induction will take an average of 30 minutes. It is also true, however, that the patient can be put in hypnosis for the remainder of his life as a dental patient almost in the length of time it takes him to get seated in the chair. When these disadvantages are weighed against the advantages, such as: the patient will not waste your time telling you about his mother-in-law, will not spit unless requested to (he can exhibit some degree of control of bleeding and saliva), he will remain relaxed and will not fight you, the 30 minutes required for the first induction (this should actually be thought of as the 30 minutes spent during the life of each dental patient) is indeed small, and the dentist will in all probability come out ahead.

Another approach to the problem is to use hypnosis only on those patients who will require enough sittings so that the initial

time spent is regained during the following series of dental procedures; and, of course, another method would be simply to set a fee for hypnosis and let the patient who wants it pay for it.

One final word to those who object to hypnosis on whatever basis; there are no drugs or happiness pills which will make an apprehensive, tense, and fearful patient into a good one. Hypnosis will, and if used only for those cases, the dentist will surely profit from it. The patient will actually look forward to seeing you again.

Knowledge Combats Prejudice

As to the problem of public acceptance, several things of late have tended toward public acceptance of hypnosis. Among these is the notable publicity given painless hypnotic childbirth, and other medical and psychiatric applications. Also because of a recent bestseller, which dealt with hypnosis, the public has shown an unusual interest in the subject, and the bickering back and forth about it by the press and periodicals has tended to dispel some of the public's misconception. The pejorative argot of the uninformed that "only weak-minded persons can be hypnotized" is beginning to be contradicted. Increasing knowledge, coupled with a desire for comfort has tended to lessen the public's prejudices.

The hypnodontist is daily seeing the results of the growing public acceptance of hypnosis as a scientific

tool. He notices the increasing number of patients who seek him out *because* of his use of hypnosis, rather than go elsewhere to *avoid* it. He also realizes that it is like any other tool in his possession. It is to be used when required. Just because he has drugs available does not mean he deadens the patient's entire mouth to scale and polish, but to reject all use of drugs because they are not needed while scaling and polishing would obviously be foolhardy.

The real problem concerning the acceptance of hypnosis as a potent adjutant to the weapons in the arsenal of modern therapeutics is the continuing miseducation of the public by the stage performers. These demonstrations are at direct variance with public acceptance of hypnosis as a scientific tool.

The reasons are obvious, and the public reaction is normal and expected. They pay to see shows, and the performer knows he must produce to survive. He, therefore, resorts to all the bizarre aspects of hypnotically producible phenomena. There should be little wonder then that some patients, when confronted by the hypnodontist, immediately think of themselves crawling around on the floor barking like dogs, stretched out stiffly between two chairs while some brute breaks a huge stone on their chest with a sledgehammer, or doing some of the antics he has seen produced by others while in hypnotic trances. Such behavior is un-

derstandably an insult to his intelligence, and a formidable obstacle which militates against his acceptance.

Thus we see that there are two conflicting schools. While the medical and allied fields are trying to educate people to appreciate the value of hypnosis, the stage performer is, by his demonstrations, unconsciously if not consciously, conditioning them to think of it as a plaything which causes intelligent and respected persons to act as morons and automatons. The stage performer also offends by writing cheap books, which put only sufficient information into the hands of the uninitiated to get them into trouble. He often makes fantastic claims as to what can be done with hypnosis in medicine and dentistry. Then when the layman who believes him comes in asking for these miracles, which cannot be produced, it causes a certain loss of prestige to the profession.

If one is allowed speculative license, it is easy to predict that some stage hypnotist during a nationwide television show may use the carotid artery-vagus nerve method of induction (which most experts on hypnosis consider barbaric and completely unnecessary) on an unfortunately chosen subject, kill him, and thus set back the scientific possibilities for a whole generation.

It is indeed regrettable that the stage performer, of necessity, needs to be eliminated. He deserves credit

for having kept the art alive, and for developing many of the refinements of induction technique, which the medical profession who maintained a hands-off attitude, have been only too ready to assume as their rightful inheritance. It is interesting to note, however, that despite the reticence of the medical body in general there have always been men within the medical field who, since the recognition of hypnosis, have worked with it; and it is due to the efforts of these men that we owe in great part the wealth of meaningful information available at present. Of the work of all men, Mesmer, Braid, Ellioton, Liebeault, Berheim, Forel, Wells, and Erickson, the greatest contributions to the field have undoubtedly been made through the efforts of Doctor Milton Erickson. It is he who has made those contributions necessary for the elevation of hypnosis to its place as an accepted science, and he remains today probably the most outstanding authority in the world on the subject and its application.

It is my firm contention that only by proper legislation can maximum utilization of the hypnotic phenomena be achieved. The layman is not aware of the many hazards into which he is led by the stage performer, nor does he possess the academic acuity to understand them. Protection of the public, therefore, becomes the responsibility of those possessed with the knowledge of the problem and the

ability to determine and pursue proper action.

The United States is one of the few major countries that has failed to provide regulation of the use of hypnosis. Is it not about time for the elimination of the misconceptions, mysticisms, and prejudice, which such unwarranted exhibi-

tions perpetuate? Should we not confine hypnosis to the serious laboratory workers, and to those fields embraced by the legitimate professions? Is it not now time for you, the professional men to act—to legislate for the good of all?

4509 Nicholas Drive
Knoxville 18, Tennessee

DENTAL ASSOCIATION SURVEY

THE American Council on Education this spring began a survey of dentistry in the United States at the request of the American Dental Association. The project will extend over 2 years and will cost \$400,000. The objective of the program is to assess the achievements, resources, and potentialities of dentistry in the United States; to determine desirable areas of future development; and to recommend methods for the better provision of service. The work will be supported by grants from the Kellogg Foundation, the American Dental Association, the Rockefeller Brothers Fund, and the Louis W. and Maud Hill Family Foundation.

The survey will center on four areas—dental education, dental research, dental practice, and dental health. A national commission, composed of representatives of such groups as education, management, labor, medicine, and dentistry, is being appointed by the American Council on Education to conduct and administer the program.—*News of Science, Science* (February) 1957.

THE PATIENT'S CULTURAL BACKGROUND

THERE is an old joke about the dentist who asked which tooth hurt, but the patient said, "You have a diploma there on the wall; you ought to know." To us that is absurd, but there are cultures that attribute heaven knows what powers to the physician, so that it may be most improper to ask, "What is your trouble?", and if you do, the patient may come to the conclusion that this is no physician but a fraud.—*Spectrum, Brooklyn, New York*, February 1957.

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Prepare An Inventory of Your Office

BY M. TRAVASCIO

LIKE THE young bride who starts out with a minimum of house-keeping aids, a dental practice may also begin its operations on a modest scale; then gradually surround itself with a steadily increasing quantity of furnishings, supplies, and equipment. As this growth increases, the dollar value of the dentist's professional possessions steps along, too, ultimately reaching a point where memory may no longer be depended upon to catalogue individual items.

It is at this time that an inventory becomes important; perhaps for showing depreciation at tax paying time, for presenting a claim following a fire or burglary, or to aid survivors faced with the task of settling an estate.



An inventory is never needed until it is a "must"—then it may be too late to compile one.

The dentist who believes it would be easy for him to jot down all the articles in his operating quarters might find himself duplicating the experience of one man, who attempted to establish from memory an approximate valuation of his furnishings and equipment for insurance purposes. He found later that in his mental check he had completely forgotten such major items as his chair and air-conditioning unit. That is typical of the tricks memory can play. Proof that this is so may be determined by a test suggested by Doctor Henry Sloan, New Castle,

Pennsylvania, who learned the value of an inventory following a fire in his office. Doctor Sloan suggests that you first write down the items you believe you have in your cabinet, and then while opening and inspecting the contents of each drawer make up a second factual list. It is almost certain that in your mental review you will have overlooked quite a number of articles which collectively have considerable value.

Those who must start from scratch in making up an accurate tabulation will find the job simplified by setting down possessions under four major headings. From the point of view of possible monetary worth these are likely to be Operating-Laboratory Area, Reception Room, Office, Library. This, or a comparable division, will prove helpful even though the Library is part of the Office, or Office business may be carried on from a desk in a corner of the Reception Room.

To speed up the listing, the first draft will be easier to correct or add to if prepared in pencil. The finished inventory, however, should be typed on letterhead size sheets, $8\frac{1}{2} \times 11$, with at least one clear carbon copy. In listing the articles located in the Operating-Laboratory Area show chair, cabinet(s), x-ray, laboratory equipment, lights, and other major pieces, individually. Supplies and materials that are replaced as they are consumed may be grouped together, since

they are usually maintained at the same average dollar value. The exception, of course, is gold. Similar classifications made for hand instruments and special appliances should include their number in case of duplication.

In the reception room the listing will be less involved although it should identify the number and types of chairs, lamps, rugs, vases and drapes. On the office page show not only desk, chair, typewriter, lights, and other office machines, but the average supply of letter and billheads, kind of files, number of ribbons, stamps, and similar material, as well as books, folders, and cards used in maintaining financial records. The library inventory will be more informative if each volume is accompanied by title and name of author, the identity of collections of dental magazines, and other folders and booklets of value.

In order to establish the dollar value more easily the information placed on the final typewritten sheets should show the facts called for by these headings: Article, Purchase Date, Cost, Remarks. Since the articles that make up a dental office do not remain unchanged, triple-spaced typing should be used in putting down the inventoried items. This will permit occasional changes and additions without crowding the pages. Also, each page should be headed with the dentist's name, address, and date the inventory

was prepared. This time identification, of course, changes with the addition or removal of any item on the page.

Putting all this into practice is actually much easier than these instructions may indicate. For instance, in the case of changes it is not necessary that they be made day by day or even month by month. Instead, when an article is purchased or a piece of equipment is discarded, a pencil memo may be placed in a special file; then sometime later, the information may be transferred to the master inventory and copy, and the memos destroyed. Only minutes are involved in keeping the sheet current.

Fireproof Storage Needed

This brings up the important question of where to keep the original copy of the inventory. Naturally, its storage place should be outside the office. The dentist who has a fireproof storage box in his home may wish to keep the inventory there, but placing it in a safe deposit box in a bank vault is even better. The copy may

be used for quick checking purposes in the office.

One of the interesting side benefits of making up a complete inventory was discovered by an eastern dentist who in the process of itemizing his possessions found that he was carrying a number of burs, stones, partly filled bottles and cartons, instruments, and even larger pieces of equipment that had not been used for months, and were of no value. "I combined the inventory preparation," he said, "with a much needed housecleaning that made available extra storage space for more frequently used materials."

It is possible that the preparation of these inventories may consume an hour, perhaps even two; but these sixty minutes or more could be the most profitable ever devoted to protecting the possessions accumulated during years of dental practice. And since the day of need cannot be anticipated, right now could be the ideal time to start the job.

934 North 63rd Street
Philadelphia 3

THE NEXT TEN YEARS

THE NEXT decade will be one of rather steady gains in productivity, strong upward pressure on wages from powerful unions, slowly rising prices, increasingly stiff competition, more or less continuous credit restraint, moderate profits, large investments in owner-occupied homes, and steadily growing savings, particularly savings through pension plans and life insurance.—SUMNER H. SLICHTER, PhD, *The Journal of Commerce and Commercial*, New York (February 28) 1957.



**Consultation
Clinic:
The Provocative
White Oral Lesion**

BY ARTHUR ELFENBAUM, BA, DDS*

NO DENTIST is especially anxious to receive emergency cases in his office. The patient who is in pain, extremely uncomfortable, or who has suddenly become alarmed by some unusual oral condition, does not, as a rule, consider making an appointment. Treatment of emergencies usually interferes with appointments made for other patients.

It may be true that the sufferer is guilty of neglect and carelessness, but it is not discreet to reproach him when he is disturbed. Whether or not a dentist has the legal right to refuse to attend him, is not of any import at this time; because in the case under consideration the dentist was perfectly will-

ing to offer his services. Another patient occupied the chair at the moment. He had heard some of the details as reported by the assistant to the dentist, and he was willing to relinquish part of the time allotted to him.

The assistant returned to the reception room to assure the patient that the dentist would see him in a few minutes. In the meantime she tried to ascertain the reason for his distress. She learned that he became horrified when he looked into the mirror, and immediately concluded that what he saw in his mouth was a cancer. He had never noticed it previously. There was so much publicity in the papers and on the radio about cancer, he explained somewhat excitedly, that he wanted to know without delay whether his life was in danger. A

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***Circumstances and experience
are important factors in making
a diagnosis.***

two-chair office would have facilitated matters, but inasmuch as only one chair was available, the situation called for tactful management by the dentist. The patient, who gave up the chair temporarily, retired to the reception room, and he did his part by telling the anxious one that the dentist would take good care of him.

Once in the chair, the new patient wasted no time. He showed the dentist the white lesion on the buccal aspect of the gingiva below the mandibular right first molar and second bicuspid, and immediately asked if it really was a cancer. It did not take the dentist more than a moment to look at it and palpate it. "Before I give you an answer," he said, "I must ask you one question—how long has it been there?" "Only since this morning," came the staccato reply, "I know it. I looked at it last night in the mirror. I had a toothache around there. I didn't see that sore. I'm scared to death!"

When a patient's health is concerned, it is not considered prudent to pick a diagnosis out of the air (to borrow a magician's phrase); but, as the old adage tells us, circumstances alter cases. Here was a patient in a state bordering on terror, who needed reassurance above everything else. Furthermore, the

dentist felt convinced in his own mind that the lesion was not of the malignant type, because cancers do not appear suddenly. A patient who is really afflicted with an oral cancer may assert that it developed spontaneously, but his misapprehension is based only on the fact that he had not noticed it earlier. It is possible for a squamous cell carcinoma to exist on the lateral border of the extreme posterior portion of the tongue and the patient never be aware of it at first. Cancers in their early stage are treacherous. They cause no pain, and do not reveal themselves when they occur in a region not readily obvious to the eye. Only in the later stages, or when they become secondarily infected, do they cause discomfort and become noticeable. This patient, however, said that because of a toothache he had looked at the area only a few hours previously and saw nothing on the mucosa.

In the moment that the dentist looked at the lesion and felt it, he noticed a large cavity in the mesial surface of the molar; and, since the mouth in general was not well kept, he concluded that the patient had treated his toothache by self-medication. Toothache drops are found among the home remedies in many bathroom medicine cabinets, but they are generally applied too liberally; and as a rule, the saturated piece of cotton rarely comes in contact with the aching pulp. It is placed on the gingiva near the

cavity, and the excess fluid runs along the mucosa and onto approximating surfaces, producing a necrotic epithelial coating of considerable extent. An aspirin tablet, on the other hand, can be placed more readily in or against a cavity in a tooth, and it burns only the soft tissue it touches. The patient readily admitted that he had used such a tablet to alleviate the pain. The outer surface of gingival mucosa is not sufficiently keratinized to protect it against the corrosive action of acetylsalicylic acid. The whitish lesion, as the dentist saw it, was virtually the shape of an aspirin tablet. When he palpated it, the softness of the necrotic tissue felt entirely different from the usual smooth, shiny, and crackled surface of a hyperkeratinized epithelium usually associated with a squamous cell carcinoma of the oral mucosa. A quick look around the mouth did not disclose any other evidence of keratosis, the type usually ascribed to the excessive use of tobacco or spices.

Cancerphobia A Disease

All these thoughts (and more) ran through the dentist's mind while the patient talked. As soon as he observed and palpated the lesion, he felt justified in announcing that a cancer was out of the question. Cancerphobia is a disease that also requires treatment. Occasionally, it is more difficult to manage than the malignancy itself. The dentist explained that if he

had any idea that the lesion even had the possibility of being a cancer, he would have followed a different procedure. It is serious enough for a dentist to fool a patient, he commented, but when he fools himself—that is much worse. In this instance the patient relaxed immediately. He would have been willing to go home and worry about the toothache later, but the dentist dressed the cavity a little, placed some eugenol in it to sedate the pain, x-rayed the tooth, and asked the patient to wait until the assistant processed the film.

In all, the patient who had relinquished the chair to relieve the suffering of a fellow human being, did not lose more than about five or six minutes of his time. The dentist had performed a duty to which he had become dedicated when he decided to make dentistry his life calling, and the patient found himself a dentist to whom he could entrust his neglected mouth.

Reviewing the situation academically, it might be said that, despite the nobility of the dentist's action, and notwithstanding his detective-like astute, deductive thinking, he might have been mistaken. Granted that the ulcer was not keratotic or a leukoplakic precancerous lesion, there was still a possibility that it might be a moniliasis or a lichen planus.

White or whitish lesions of the soft oral tissues are indeed provocative. A colony of fungal organ-

isms flourishing in a layer of degenerated epithelium create a white, soft, fuzzy lesion. In a child's mouth it has been called *thrush*, either because it resembles the white breast of the bird of the same name; or the word is derived from the Danish for "rotten wood." In adults the disease is referred to as *moniliasis*, a term now being used irrespective of the age of the patient. The micro-organisms consist mainly of the *Candida albicans* (white glow) variety. The growth may begin on any mucosal surface of the mouth, and spread. It is possible to lift up the membranes with cotton pliers, leaving a surface from which blood oozes slightly.

Lichen planus is another milky, whitish lesion occasionally found on the oral mucosa in a design which resembles lace, but it cannot be wiped away. It is sometimes accompanied by bright violet lesions of the same disease on the skin, which are often preceded by the ulcers in the mouth. An injury may also cause a lesion similar to

the ones mentioned above, but the history as given by the patient was sufficient to rule out traumatism as a possible etiologic factor.

The extremist, persisting in a didactic discussion, might insist that only a biopsy and a histopathologic examination could actually determine the nature of the pathology. A group of researchers could enjoy a Roman holiday with a problem of this sort; but the answer is that there is no substitute for clinical experience, a phrase which has frequently helped to mask ignorance, but which has more frequently solved many perplexing clinical problems. "Experience is the child of thought," said Disraeli. In dentistry, experience must be broadened and enriched by the cultivation of cerebration as well as of manual dexterity. A dentist must be able to "think with his fingers," but he must also use his mental capacity to its fullest extent if he aims to be a capable diagnostician.

431 West Oakdale
Chicago, Illinois

VARIETY OF CANDY MEDICINES

BUSINESS is booming in the sale of lollipop and chewing gum aspirin, orange-flavored vitamin tablets, chocolate and custard flavored antibiotics, fruit-flavored sulfonamide syrups, heart-shaped candy for epilepsy, rock-candy barbiturates, and clown-shaped bottles of other medicines. Candy medication has become an industry within the pharmaceutical industry, and even though there is an honest effort by most drug manufacturers to play down palatability to the general public, advertising agencies report that production is rising because of consumer demand.—*Medicine At Work, JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION*, January, 1957.

Audio Therapy

in Dental Practice

BY HARRY C. PEAKE, DDS

DO YOU remember the days of silent movies? Or the days when an office telephone was a luxury, and not a piece of standard equipment? Do you remember when diagnoses were made without the aid of x-rays? Or when a patient used a "spittoon"?

A few years from now the question: "Do you remember when there was no television?" will be greeted with unbelieving stares. That is how fast our civilization and our own profession is developing. Yet there are many dentists who can remember not one, but *all* of these innovations.

The latest discovery to be added to the list of office equipment is the tape recorder. But the impact of its possibilities is only beginning to be felt.

I have spoken in other articles about concepts. Concepts may be of two kinds—and two kinds only. They are either good or bad. It is our responsibility to see that they are good.

Take as an example the new denture patient. Every person faced with the ordeal of wearing dentures for the first time has deep-seated concepts concerning this. One patient may say to himself: "This will be *duck soup*. There's nothing to it. The dentures will be better than my own teeth ever were." *And they are.*

On the other hand, the next patient may have the concept, "I can never wear these monstrosities." For some reason this patient has no confidence in himself, or has lost confidence in his dentist.

Help your patient gain confidence and a positive attitude through a well-planned tape recording.

And his concept is true. He will *never* be able to wear the dentures until his basic concept is changed.

How do we do this? One way is to have a talk with the patient and explain the difficulties before him. That works, provided you can remember all the things you want to say to him, and can put your ideas in such a way they will *convince* him. If you can do this in less than half an hour of "unplanned talk," you are in a class by yourself.

Of course, if there should be a dentist who is interested in his profession solely from a commercial angle, he will simply say: "Thanks for the check. They're all yours now." This method may work sometimes, but I think we owe the people who put their confidence in us a little better service.

We have found that the day when new dentures are being inserted is a perfect opportunity for the tape recorder to go to work.

The patient is seated, and the dentures are placed in the mouth just long enough to give him a preliminary *feeling* of what they will be like. This places the patient's mind in a receptive mood. He will *listen* to what he is told—and it is at this time that the subconscious mind may be reached.

It is absolutely imperative that

the subconscious mind be stimulated, and the positive concepts placed there. The most practical way to do this is to have the patient *agree* with you to listen to what he is to be told, *and to think of nothing else*.

At this point the dentures are removed from the mouth, and the patient is told there is a small amount of adjusting to be done before he can wear them. The patient is left alone in this receptive frame of mind, and a tape is played which has been specially designed for the new denture patient.

The difficulties are explained, and at the same time his ego is built up to the belief that he can conquer this problem. He is told his dentist has put all his skill and years of training into producing dentures which are as near to mechanical perfection as possible. The dentist is the patient's friend, and is just as interested in seeing him comfortable and happy as the patient is himself. But there is one thing the dentist cannot do, much as he might like to. He cannot *wear* the dentures for the patient.

This tape has taken hours in preparation, and covers the difficulties met by the new denture wearer. It has been taped by one who has been specially trained in the making of tapes, and is presented in such a way that it holds

his attention to the end. At this point we return to the operating room, place the dentures and dismiss the patient.

We have found that this method not only saves time in a busy office, but it impresses itself to a much greater extent than a haphazard discussion of the subject.

Relaxation Dispels Fear

Another instance of the value of recorded tapes is in the handling of the tensed up surgical patient. No matter how much the surgical patient may try to fool himself, and the dentist, every one of them has *fear* present in greater or less degree. We can overcome this fear to a large extent by means of a tape. Our surgical patients are placed in a small reception room by themselves. The surgical tape is then played. This commences with soft, soothing music, to produce relaxation. After a few minutes it is explained to the patient, by a voice which carries over the soothing effect of the music, that there is no reason for fear. The dentist has spent many years perfecting his technique. His sole interest while removing a tooth is the patient's comfort and well-being. Should a fracture of the tooth take place, the patient's usual reaction has been forestalled. A relaxed patient is not only a practice builder, but is far easier on the dentist's own nervous system.

If time is limited, this tape may be played through a speaker

in the dentist's operating room.

There are other tapes, which have been designed to meet the specific needs of the dental patient, and which are invaluable to both patient and dentist.

It has been said that the only thing to fear is *fear* itself. That is one of the truest statements ever made. And yet it might also be said that fear rules the universe. Our advertising is based on fear. If you don't do this, you'll get that. And fear *does* produce that which we fear.

A well-known physician once told me he became aware of all the symptoms of coronary thrombosis after his father had died of this condition. When he became aware that these symptoms were being created by his own fear of them, they left.

So with the dental patient. If he *fears* pain, he will experience it. If he *fears* he cannot wear new dentures, he will not be able to. If he *fears* he will lose his teeth as a result of periodontal lesions, he surely will lose them. And to go even further, if parents *fear* their children will have trouble with their dentition, heaven help the children! But do not forget, there is a difference between taking reasonable precautions against a thing taking place, and *fearing* it.

In our patient education program we tell patients: "If you don't brush your teeth, you'll have caries. If you don't have that tooth filled, you'll lose the tooth." If

you don't do something—you'll get something worse. Fear is implanted. And to help fear do its work, bright boys and girls (of all ages) are forever making corny jokes which emphasize the "horrors" of the dental office.

Eliminate Negative Thoughts

We know all this, and it is our responsibility to combat it. But it takes a trained psychologist to be sure that everything he tells his patients is of a positive nature.

This is where the tape recorder is far ahead of the spoken word. Everything of a negative nature has been eliminated. All statements are positive, designed to allay fear and to build up the patient's ego where that is needed.

Another advantage of the tape is that it is not susceptible to the vibrations given off by the former patient. Have you ever contended with a born "crabber" for half an hour, and then had a nervous patient enter? Of course you have.

We all do, and unless you're a saint, you cannot help passing on negative thoughts and vibrations to the new patient—the worst thing you could do.

The tape, however, is not affected by this "crabber." It talks to the patient in a soothing and fear-dispelling tone, giving you time to overcome the negative effects of the former occupant of your chair.

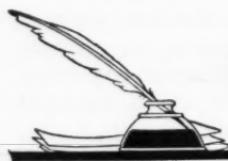
Probably, the most important tape of all, is one to relax myself. When I'm beat—I don't mean just tired, *beat* is the word—I can relax myself completely in ten minutes by using this tape. I *know* I can do this, and it's wonderful. Picture yourself exhausted, and knowing that in ten minutes you can be "rarin' to go." Isn't that worth a great deal?

To some this may sound far-fetched. But don't jump to conclusions. It's just so crazy, *it works!*

*Parkhill
Ontario, Canada*

THE COVER

THIS VIEW of picturesque Yacht Harbor of San Diego Bay will be enjoyed by delegates and visitors to the Tenth Triennial Pacific Coast Dental Conference to be held in San Diego, August 19 to 22. Scientific sessions, offering the Nation's foremost clinicians, are scheduled during the mornings; and planned events for the whole family will be held in the afternoons. For information please write to Doctor C. W. Gilman, Secretary, 219 East Eighth Street, National City, California. For registration or accommodations write to San Diego Convention and Tourist Bureau, 924 Second Avenue, San Diego 1.—*Photograph by San Diego Convention and Tourist Bureau.*



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

HOW DO PEOPLE ENJOY RETIREMENT?

WHEN WORKERS are in the full flush of their productive years and they are suffering from fatigue and the stresses from their labors, they are likely to think ahead to pleasant days of retirement. Days of leisure, of golf, of fishing, of pursuing hobbies, are imagined to be the golden time of life. In reality, however, when retirement comes, boredom may creep in after a short time and the retiree wishes that he were back at work.

There is no compulsory retirement age for the dentist. In the business world retirement is common at age 65, despite the wishes or the physical condition of the person concerned. The dentist can go on working as long as he wishes, provided his health is sound and people continue their patronage. Unfortunately, after the mid-fifties most dentists notice a disturbing diminution in the volume of their practice. They are no longer too well able to attract child patients and many of their older patients have died or moved to other places.

The Life Extension Foundation made a study among 1500 retired persons.¹ This was a cross-section survey: "As a group, they represent every economic level in the Nation, reflect conditions peculiar to every geographic section of the country, and subscribe to the varying philosophies, which combine to make America."

To the question "What is your present retirement income from all sources?" 91.2 per cent respond as follows:

¹Johnson, H. J.: Thinking Ahead: The Problems of Retirement, *Harvard Business Review* 34:21 (March-April) 1956.

546 (35.3%)	reported under \$2000	(actual average \$ 1,388.71)
645 (41.7%)	reported \$2000 to \$5000	(actual average \$ 3,024.62)
127 (8.2%)	reported \$5000 to \$8000	(actual average \$ 5,964.18)
31 (2.0%)	reported \$8,000 to \$10,000	(actual average \$ 8,736.16)
75 (4.9%)	reported \$10,000 and over	(actual average \$18,362.37)

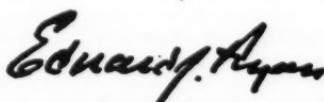
The surprising revelation in these figures is that 77 per cent of the respondents had an average annual income from all sources of less than \$3,025.

The manner in which a person reacts to his retirement is determined, in large part, by the adequacy of his income. The more adequate the income the happier the person is and the less is his wish to return to his gainful occupation. This is a natural reaction. The person who is in sound financial position has fewer fears.

The survey showed that the fear of ill health, and the attendant medical expenses, was the greatest threat to contentment among the retired. In this report it was suggested that "post-retirement insurance against medical contingencies" be introduced. "It seems inconsistent to cut off hospitalization benefits just when they become more important than ever, at retirement." Unless the private insurance companies have the foresight to offer this kind of insurance protection it will, in time, become the responsibility of the government.

The dentist has a better chance to enjoy his retirement years if he begins planning for them early in his career. One should begin *thinking* of retirement as soon as he enters practice and begin *to do something about it* no later than age 35. "Waiting until five or ten years before retirement is the cause of *worry*, because then there is not time enough for savings and interest to accumulate."

It should be a responsibility of dental societies and dental publications to keep alive discussions among dentists on the economics of retirement.



Dentists in the NEWS



Washington (DC) Post Times Herald: The Legion of Merit has been awarded to Captain Robert A. Colby, USN, for his book, *COLOR ATLAS OF ORAL PATHOLOGY*. Captain Colby is a member of the staff at the United States Naval Dental School, Bethesda.

Tampa (Florida) Tribune: As president of the Florida Association of Fairs and Livestock Shows, Doctor T. P. Chaires Jr., of Bradenton, takes an active part in advancing Florida agriculture. He has visited fairs and cattle shows all over Florida, and has also served as president of Eastern States Brahman Association.

Doctor Chaires has a ranch and Brahman herd east of Bradenton.

Long Island (New York) Newsday: Long Island motorists who have traffic tickets need not appear personally in court to pay their fines. All they need do is call Doctor Guido Corriero, who has originated a "ticket answering service" as a sideline. One of the dentist's representatives will get in touch with the motorist, pick up the ticket, and pay the fine—all for a fee of \$3. Doctor Corriero expects to hire about ten employees to carry on his new venture.

Chicago (Illinois) American: Doctor Lee Juhnke of Des Plaines received \$550 in a crossword puzzle contest conducted by the *Chicago American*. He was the only contestant who sent in a perfect entry.

Dodge City (Kansas) Globe: A western saddle has been purchased by the owners of the Dodge House, Doctor Richard Gribble and Mr. E. A. Brown,

and sent to Miss Margaret Pemberton in England. The English woman wrote to the sheriff at Oklahoma City asking for information on obtaining a western saddle, and was told Oklahoma City did not have one. (Oklahoma City is the site for the "Cowboy Hall of Fame.") The owners of the Dodge House said they wished to help Miss Pemberton because of the rejection of her request by Oklahoma City, and to publicize local history.

Boston (Massachusetts) American: Doctor Anna Mintz, who has practiced dentistry in Massachusetts for 40 years, expressed encouraging words at the Massachusetts Dental Society meeting for women interested in studying dentistry. "The field of dentistry is open to more specialization today than formerly," she said, "and the younger women are becoming proficient in fields where only men trod several years ago."

Doctor Mintz, a graduate of Tufts Dental School in 1917, was the first to specialize in children's dentistry. She was in charge of the Dental Clinic at the Massachusetts Hospital School for Crippled Children from 1926 to 1942, and her work with handicapped children made early use of techniques that today are considered invaluable.

St. Louis (Missouri) Nurture: A Chicago dentist, Doctor Waldemar A. Link, has been president of the National Lutheran Parent-Teacher League since 1955, and is eligible for renomination and election in 1957. Doctor Link is a member of the Board of Control of Concordia Teachers College, and is a member of the Lutheran Education Association.

New Haven (Connecticut) Register: The Cheshire Rotary Club's 1956 Distinguished Public Service Award has been presented to Doctor Robert James Craig. The award is presented annually to a town resident whose community service is termed outstanding by the organization. Doctor Craig is a charter member and past president of the Rotary Club, a past president of the Cheshire Library Association, and a long-term member of the Library Board.

Philadelphia (Pennsylvania) Inquirer: The founders of the Shakespeare-Classic Theater in Philadelphia are a diverse group. The producer, Doctor Sidney S. Bloom, is a dentist; the director, David L. German, is an editor; and the educational director, Robert K. Bishop, PhD, is a professor of Romance Languages. The cast is made up of engineers, physicians, teachers, and secretaries. They have already put on their first production, Shaw's, *THE DEVIL'S DISCIPLE*, and plan to develop a classic repertory theater for Philadelphia.

Las Vegas (Nevada) Review-Journal: Rural dentistry in a modern setting began recently in the State of Nevada at Wells. Families living many miles from the nearest dentist are now going to have a new mobile dental unit in their town before long, according to Doctor J. D. Smith, president of the Nevada State Dental Society.

This project has been planned for some years as a joint service of the Society and the State Department of Health. The Nevada dentists, at their 1956 convention, decided to raise the funds by assessing each dentist \$100 to purchase the mobile unit. The result: A \$10,000 dental office on wheels.

Doctor Ernest W. Harvey of Reno is in charge of the traveling unit, and is functioning as a dentist in private practice. He does all types of dentistry on a

cash basis, and the fees he charges follow the Veterans Administration schedule for the State of Nevada.

Butler (Pennsylvania) Eagle: Bequests to St. Mark's Lutheran Church and the Butler Public Library were included in the will of the late Doctor George Harrison Jackson, who died January 3. Doctor Jackson left \$20,000 to the church, \$10,000 to the library, and \$10,000 to the Abbott Academy of Andover, Massachusetts.

Memphis (Tennessee) Commercial Appeal: The graduation of Fayette Williams III this year marks the only time in history that three men in succeeding generations, each with the same name, have been graduated from the University of Tennessee College of Dentistry. Doctor Fayette Williams Sr, who died in 1941, received his degree from the University in 1897. His son, Fayette Williams, Jr, was graduated from the University in 1926, and has been practicing in Corinth for the past 31 years.

Denver (Colorado) Post: After some thirty-five years of practicing dentistry, Doctor E. Pearle Bishop, one of eight women practicing in Denver, believes there is not another profession, especially for women, which is "so gratifying." Doctor Bishop and her son, Doctor Donald K. Bishop, form the only mother-son combination in the American Dental Association. They share a downtown office in Denver.

Now going on 75 years of age, Doctor Bishop declared recently: "I don't think I've heard of a woman dentist who hasn't been a success."

Detroit (Michigan) News: A Detroit dentist, Doctor John W. Super, has been working to elevate the quality of snapshots taken by the average amateur. For the past several years, Doctor Super

has been donating his time giving speeches to camera groups, and proving he knows what he is talking about by winning nearly ninety major awards. He is director of pictorial analysis for the Photographic Society of America, an organization of amateur photographers, and the largest photographic association in the world, with 12,000 members.

Nevada State Journal: Doctor Roy P. Rheuben Sr, of Reno, Nevada, has been advised that his article, FULL MOUTH RECONSTRUCTION FOR THE GENERAL PRACTITIONER, published in DENTAL DIGEST, has been translated into Spanish and published in the Latin American Edition of ORAL HYGIENE for the benefit of 18,000 Spanish and Portuguese-speaking dentists throughout Latin America.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

D. D. Canterman, OD, 104 North Main Street, Butler, Pennsylvania
 Mrs. Raymond Range, Box 867, Derby, Colorado
 Raymond E. Michel, 2428 Beineke Drive, Fort Wayne, Indiana
 Mrs. Kay Sughrue, 106½ Chestnut, Dodge City, Kansas
 Mrs. Evelyn E. Wilcox, 33 Margaret Road, Massapequa, New York
 J. D. Smith, 127 North 4th Street, Las Vegas, Nevada
 Ray Abramczyk, 4260 Seventh Street, Ecorse, Michigan
 Guy E. Jack, 25 Whalley Avenue, New Haven, Connecticut
 Mrs. Charles H. Luh, 1036 Buchanan Street, NE, Washington 17, DC
 Mrs. Anna Politano, 124 Thorndike Street, Arlington, Massachusetts
 James L. Green, DDS, 1522 Nebraska Avenue, Tampa 2, Florida
 Mrs. Italo Cecchi, 620 H. Street, Sparks, Nevada
 Carey T. Wells, Jr., 20 Hampton Heights, Canton, North Carolina
 Laura C. Smith, 1050½ Ingraham Street, Los Angeles 17, California
 Morris Cohen, 1132 Euclid Avenue, Miami Beach, Florida
 Grace I. Burgess, 401 Guilford Avenue, Hagerstown, Maryland
 Mrs. R. C. Roberts, E.C.J.C., Decatur, Mississippi
 Richard Allen Hunter, 1538 Payne Avenue, Cleveland 14, Ohio
 Addie M. Yeager, 5953 Morongo Road, Twentynine Palms, California

IDENTIFICATION OF DISASTER VICTIMS

IN ADDITION to fingerprints, the next best thing for identifying victims of disasters is a dental chart. Copies of dental x-rays of the victims compared directly with the remaining teeth in the body will establish identity. It is an excellent aid, but it does require trained dental technicians to establish identification. In most of these cases the transportation facility of the FBI will arrange to contact the relatives and get dental charts or x-rays for identification purposes, and then make use of trained technicians to establish identity.—Quinn Tamm, *FBI Law Enforcement Bulletin*, March 1957.

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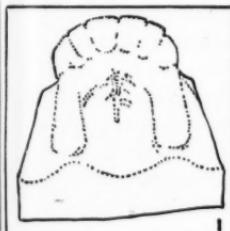
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

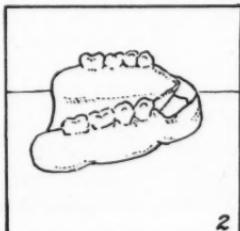
Immediate Upper Denture Technique Permits Try-in

BY R. R. WIMBERLY, D.D.S.

Drawings by Dorothy Sterling



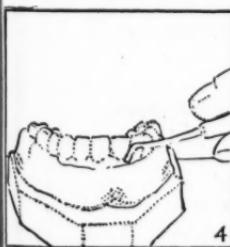
While the six anterior teeth are still in place, take an impression in compound and Jeltrate, and pour the model.



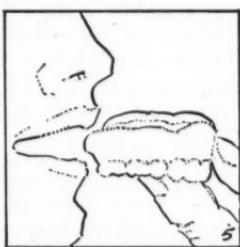
With Quik, make a base for the posterior teeth. Set up these teeth.



Try in the mouth. When bite is correct, cut the six anterior teeth from the model.



Complete the base with self-curing acrylic. Wax anterior teeth in position on the base.



At early morning appointment, extract anteriors. Try in case. Fill base with corrective paste and complete the case. Patient returns for finished denture that same day.

Note to Contributors

We invite dentists to submit material for this page. \$10.00 will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

Q ASK Oral Hygiene A

Please communicate directly with the department Editors, V. Clyde Smedley, DDS, and George R. Warner, MD, DDS, 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Delayed Tooth Eruption

Q.—I am concerned about the case of a 15-month-old child who shows no signs of teeth appearing. Is there anything that I can or should do? Any surgery indicated? Could an orthodontist be of any assistance? Can physicians do anything in such a case? I shall appreciate your suggestions—H. H. V., Ohio.

A.—Inasmuch as anodontia is an extremely rare condition, I think you may safely assume that the child in your care has teeth and that they will erupt eventually.

It is such a simple matter to determine the presence and position of a tooth by making a roentgenogram, that it would seem the sensible thing to do for this child. Certainly you should not resort to exploratory surgery.

Delayed eruption of deciduous and permanent teeth is not an uncommon situation, nor does it necessarily mean that the health is not normal, nor that the teeth will not be normal when they erupt. — G. R. WARNER

Calcium Hydroxide

Q.—I should like some information about calcium hydroxide—where it can be purchased, and what to ask for as to its concentration and formula. Can calcium hydroxide be used with dis-

tilled water as a thin base over a deep cavity, or over an exposure?—B. B., Massachusetts.

A.—Pure calcium hydroxide is available from your druggist in powder form. It can be dusted in this form on an exposure or on the floor of a cavity, and immediately followed by a mixture of zinc oxide and eugenol.

The calcium hydroxide may be mixed with a drop of water (distilled would be fine) and applied in this form to the floor of a cavity. A thin layer is all that is necessary. The objection to greater bulk is that it is radiolucent, and subsequent roentgenograms may appear to show decay under the restoration. The addition of bismuth subnitrate to the calcium hydroxide renders it radiopaque. — V. C. SMEDLEY

Amalgam In Alveolar Bone

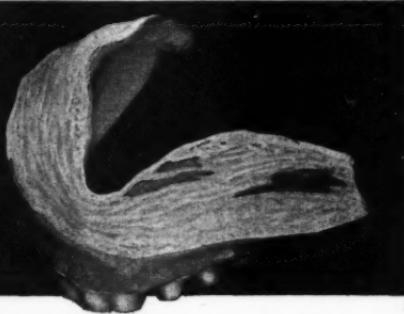
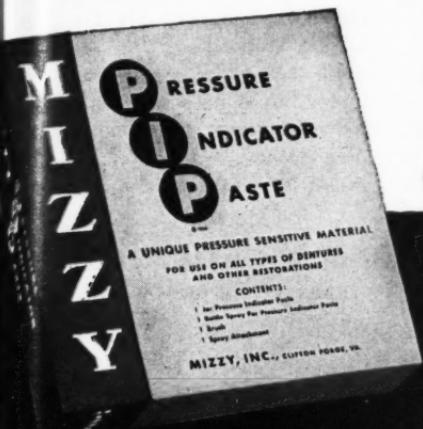
Q.—We are enclosing a roentgenogram taken for a man 65 years of age. We should like your opinion on this, and if you think it is a factor in his general health.

We took full mouth roentgenograms and found one abscessed tooth which we extracted. Several pieces of amalgam were found buried in the bone, and the gingival tissue in this area was discolored (a bluish tint).

THE END OF DENTURE SORENESS

A UNIQUE NEW
FREE-FLOWING
PRESSURE-SENSITIVE
MATERIAL

(Formula by Bernard Jankelson DMD)



Fast On: A few brush strokes, a whisk of spray!

Revealing: Wherever the trouble-making area, **THERE IT IS** in definite third dimension!

Fast off: Wipe with any tissue and it's gone!

So Free-Flowing: Will not disorient denture.

So Sensitive: Many uncomfortable pressure areas do not show on tissues, but P.I.P. will find them.

Check New Dentures Before Delivery to PREVENT soreness

Check Uncomfortable Dentures to ELIMINATE soreness

NO LOSS OF RETENTION WHEN USING P. I. P.

MIZZY, INC., Clifton Forge, Va.

New York Office: 1128 Lexington Avenue

The patient has checked with his physician. He has an arthritic condition, and complains of being tired all the time. We shall appreciate having your opinion.—D. J. C., New York.

A.—It has been my feeling that scraps of amalgam found buried in the alveolar bone are innocuous, and I have advised leaving them alone. And that is what I think

about your case. However, some dentists think that such scraps of amalgam are presumably old restorations, and probably far from aseptic at the time they fell in a tooth socket of a recently removed tooth. But it does not seem likely that such silver scraps can remain infected and be a source of infection to the host.—G. R. WARNER

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ CLII (See page 47 for questions)

1. Yes. Lewis, A. B.: Effects of Smoking on the Oral Mucosa, *Oral Surg. Oral Med. & Oral Path.* **8**:1033, [October] 1955
2. (a), (b), (c), (d). (Sweet, A. P. S.: Fog on Films, *JADA* **51**:674, [December] 1955)
3. Yes (Strother, E. W. and Mitchell, G. E.: Bruxism, *J. Dent. Med.* **9**:196, [October] 1955)
4. (a). (Sarnat, B. G. and Schour, Isaac: *Oral and Facial Cancer*, Chicago, The Year Book Publishers, 1950, page 84)
5. True. Ney Bridge & Inlay Book, Hartford, Connecticut, J. M. Ney Company, 1954, page 70)
6. (c). Sicher, Harry: *Oral Anatomy*, St. Louis, The C. V. Mosby Company, 1949, page 217
7. The medial gliding of the condyle on the working side. (Granger, E. R.: *Centric Relation*, *Jour. Pros. Dent.* **2**:169, [March] 1952)
8. True. (Prophet, A. S. and Miller, John: *The Effect of Caries on the Deciduous Pulp*, *British Dent. Jour.* **99**:108, August 16, 1955)
9. (a). (Kilpatrick, H. C.: High Speed in Amalgam Cavity Preparation, *Dental Digest* **61**:264, [June] 1955)
10. A transitory unilateral facial paralysis. (Archer, W.H.: *A Manual of Oral Surgery*, Philadelphia, W. B. Saunders Company, 1952, page 395)

WHEN YOU CHANGE YOUR ADDRESS

When you change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

*"This sponge has
More Cotton
where I want it"*



• actual photograph of
cotton "ribbon" in opened
Richmond sponge

If you want a sponge
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center where greater
absorbency is needed
RICHMOND is the answer

Richmond cards a "ribbon" of highly absorbent cotton which is cut and enclosed in surgical gauze with all raw edges inside . . .

This unique manufacturing method puts *more cotton in the center*—less in the edges. You can see the difference . . . and daily use will prove the practical advantages: greater absorbency where it is needed.

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"Manufactured Where Grown"



always asking "

**THE PROBLEM
MAY BE**

**THE PATIENT
—NOT THE
DENTURE!**

As every dentist knows, though the denture be a work of prosthetic art, the patient may lack the ability, persistence and self-confidence to master its use without constant complaint. That's when a sympathetic attitude, supported by practical assistance, can lay the ghost of denture failure.

Thousands of dentists have found that Wernet's Powder can facilitate denture adaptation for such problem patients. The soft, resilient

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Dr. _____
(Please Print)

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WERN

"Please Fix?"

*Speeds the
Mastery
of the
Denture*



cushion enhances stability and retention and increases self-confidence. New comfort, too, results from the absorption of sudden shocks and the distribution of unaccustomed pressures to less sensitive surfaces.

Patients with anatomical difficulties will find Wernet's Powder indispensable. All patients will appreciate the added comfort and security it affords.

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WERNET'S POWDER

WERNET DENTAL LORE

JUNE, 1957

The Code of Hammurabi (c. 2100 B.C.) established for the first time a concept of civil and penal responsibility of the physician. It likewise shows that the practice of medicine, which at that time included also treatment of mouth and teeth, was regulated by the Babylonians as far back as 2250 B.C., and that this profession was esteemed enough to be rewarded with adequate fees carefully prescribed and regulated by law.

* * *

The fossilized jaw, complete with teeth, of a giant ape that lived half a million years ago is something few dentists have seen. Just a few months ago, a photograph of this jaw was received in London from Dr. Pei Wenchung, a Chinese scientist, who estimated its age as between 400,000 and 600,000 years. This huge beast, Gigantopithecus by name, roamed the Chinese forests and stood between 12 and 13 feet high. Dr. Pei stressed the fact that in appearance the jaw is more like that of a man than any other ape alive or dead.

* * *

India, with her caste system, has always held the physician and the dentist in great respect as important members of society. If the caste system were to be applied to the products of India as well, an equally high place might be assigned to one of the important adjuncts of dental practice the world over: India's Gum Karaya, which in purified form constitutes the basic ingredient of Wernet's Powder.

* * *

When a case of malpractice was brought to the notice of the Caliph of Baghdad in 850 A.D., he ordered an examination conducted of all practicing physician-dentists. Those who failed were denied the privilege of practicing. 860 licenses were issued at that time. This is the first example of what might be called a State Board Examination.



LAFFODONTIA

Psychiatrist: "You have kleptomania—and you should do something about it."

Patient: "I have. I've been taking things for it."



Daddy: "I say, Jane, isn't it time baby said 'Daddy?'"

Mother: "No, John, I've decided not to tell him who you are until he gets stronger."



The professor of chemistry was giving a lesson on the powers of different explosives.

"This," he explained, "is one of the most dangerous explosives of them all. If I am in the slightest degree wrong in my experiment, we are liable to be blown through the roof. Kindly come a little closer, so that you may follow me better."



Gerald: "So your wife made you install television in your office?"

Harold: "Yes, she used to be my stenographer."



Woman (at bridge party): "Does your husband always lie to you?"

Other Woman: "No, some nights I am just too tired to ask questions."



Flapper: "I'd like to see the captain of the ship."

Rookie: "He's forward, miss."

Flapper: "I don't care, this is a pleasure trip."

Collector (at door): "At this time of the year we provide a free dinner for the poor and needy."

Harassed Householder: "Thanks, very much. I'll just get my hat and coat and come along at once."



Artist: "Any suggestions?"

Model: "Why yes. You've been painting for the last half hour without any paint on your brush."



Echo: "I heard someone yell fowl; where are the feathers?"

Jim: "Oh, this game is between two picked teams."



Sales Clerk (to the Mrs.): "If you remove the bodice to this outfit, you have a playsuit. If you remove the skirt, you have a sunsuit."

The Mr.: "And, if you remove anything else, you'll have a divorce suit."



Little Mabel: "Mother, who was Mike Huntry? We were singing about him in school today."

Mother: "Mike Huntry? I don't know any such man. How did the song go?"

Little Mabel: "It went this way, Mike Huntry, 'tis of thee."



He was poor and honest; she was rich and a beauty. He had just proposed and been refused.

"Why, you couldn't even dress me," said she.

"Well, what of that?" said he. "I could learn."

New Ways to Easier, Faster, Spring Cleaning

77

As manufacturers of quality products exclusively for the Dental Profession, Surgident offers you and your staff several new ways to ease the problems of keeping office and equipment bright and sparkling.

Surgident EQUIPMENT CLEANER

Cleans equipment no matter how oxidized, dirty or deeply stained. Even iodine, blood and alcohol just disappear. Simply rub on lightly - wipe off!

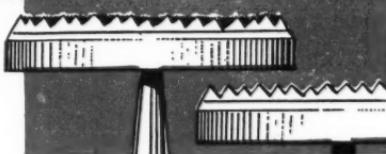


Surgident EQUIPMENT POLISH



Equipment will gleam with new beauty, will resist dirt and stay polished days longer. Wipe on - let dry - wipe off. For wood, chrome, porcelain and enamel.

Surgident DIAMOND INSTRUMENT CLEANER



With new high speed techniques, this cleaning cream is a necessity. Removes all debris and discoloration without effort. Not injurious to skin or hands.

Surgident LIQUID DETERGENT



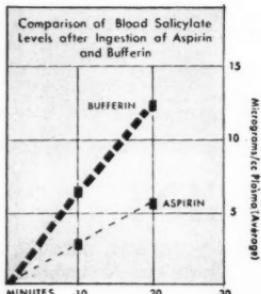
Especially formulated for cleaning dentures, partials, cast metal work, diamond points, burs etc. No tedious scrubbing, a few minutes' immersion and all residue brushes off in seconds.

Something New for You This Fall!
Watch for Surgident's announcement of a
NEW Impression Material.

Surgident, LTD.
WEST LOS ANGELES 25, CALIF.



GIVE YOUR PATIENT FASTER PAIN RELIEF with BUFFERIN®



BUFFERIN®

Acts Twice as Fast as Aspirin

Does Not Upset the Stomach

EACH BUFFERIN TABLET contains 5 grains of acetylsalicylic acid, together with optimum amounts of the antacids aluminum glycinate and magnesium carbonate.

Relieve the pain attending dental treatment—whether extraction or cavity preparation—by recommending BUFFERIN. This antacid analgesic acts twice as fast as aspirin. In ten minutes after taking BUFFERIN the blood salicylate levels are higher than those attained with aspirin in twice the time.

Gastric distress is almost unknown when BUFFERIN is taken, even in large doses, for BUFFERIN is antacid.

Your patients will appreciate BUFFERIN's prompt antacid analgesic action.

BUFFERIN contains no sodium.



BRISTOL-MYERS CO., 19 W. 50 St., New York 20, New York



NOW in the NEW DELUXE PACKAGE with PLASTIC TRAY

WONDRPAK

SURGICAL CEMENT

Modern squeeze-type containers with practical dispensing tops. No droppers or caps to unscrew. Convenient plastic tray free with complete package (powder and liquid). The same old reliable, time tested, WONDRPAK now in colored powder and *colorless liquid, to give the same pink mix as usual; also white powder for white mix.

Recognized everywhere for over 35 years, as one of the most useful products in dentistry, WONDRPAK is the standard surgical cement. Widely used after extractions and following pyorrhea surgery to protect operated areas—to prevent dry sockets—as temporary cement—many other uses. WONDRPAK has proven to be the quickest, surest treatment for dry sockets; allays pain almost instantly.

*Colored liquid not sold in De Luxe package; only in regular package and in glass bottles. There is no change in the regular packages.

Westward Dental Products Co.
1037 Polk St., San Francisco 9, Calif.
Send illustrated catalog to—

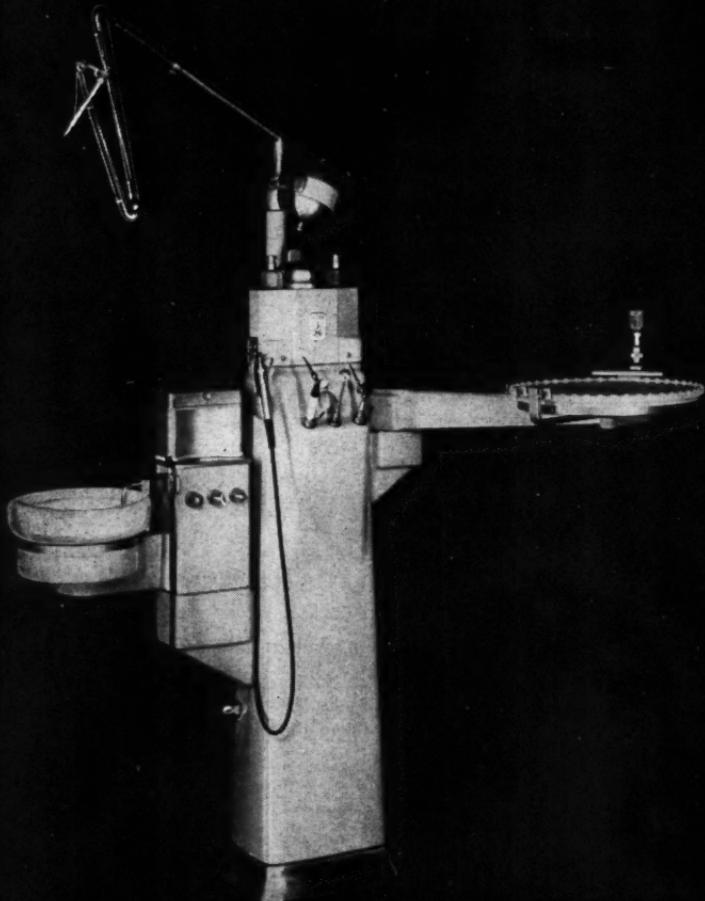
Dr. _____

My dental dealer is _____

OII67

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modern expression



also SERIES O-500 with Un-ette

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SERIES M500

Today's dentist recognizes that styling and beauty in the operatory are essential to good patient relations. In Series "M 500" the integration of high styling and practical utility lends dignity and ease of operation to the daily practice of dentistry.

The trim lines of the "Un-ette" type cuspidor, the enclosed drinking glass holder, the dual spray heater, the perma-mold aluminum base, the bracket table arm—modernity itself!

Infinite variety in operating techniques is within fingertip range in a central power control panel on the instrument table arm. The engine switch provides 48 speed positions, without gadgetry, and the hand-piece selector switch gives complete freedom in speed requirements without changing belts, pulleys or gears, and without annoying loss of time.

Convenient auxiliary outlet receptacles . . . surgical type aspiration . . . combination cautery and mouth lamp . . . style-sized bracket table syringe holder . . . no-drip contoured wax tray . . . high capacity plumbing system . . . single master solenoid switch . . . utilitarian light position . . . recessed engine adaptation . . . warm, tepid or cold water to the drinking glass . . . these are some of the many essentials unified in Series "M 500"—a smart, most efficient, highly styled unit.

*M... modern
... in the modern manner
... in the modern mood*

since 1898 in Canton, Ohio

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ALL-PURPOSE
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RESILIENCY

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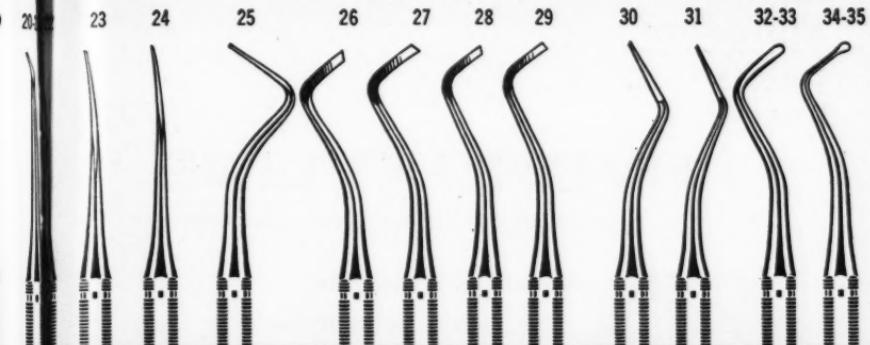


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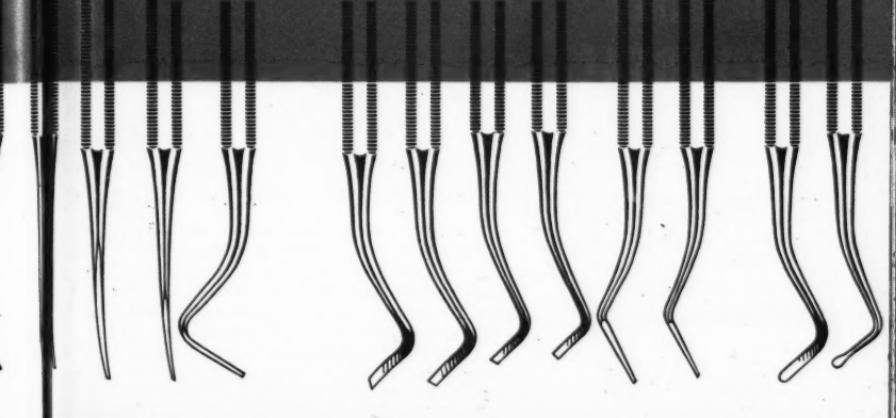


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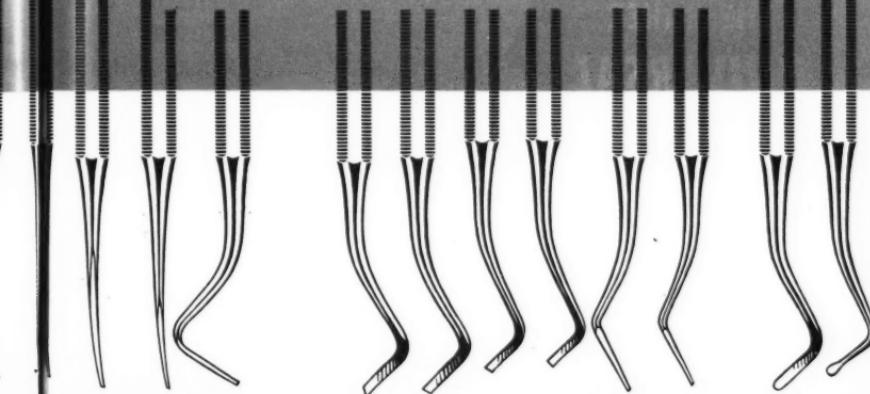
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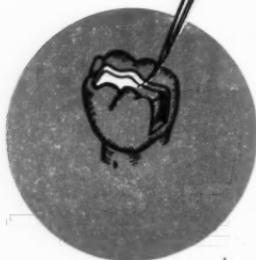
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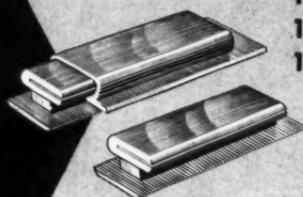
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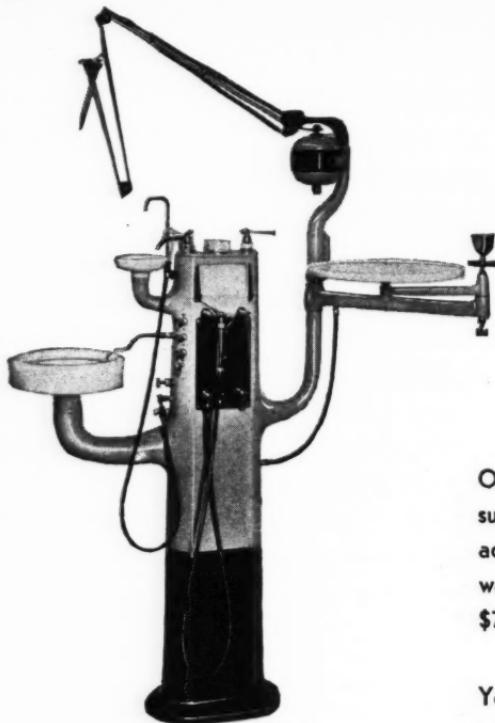
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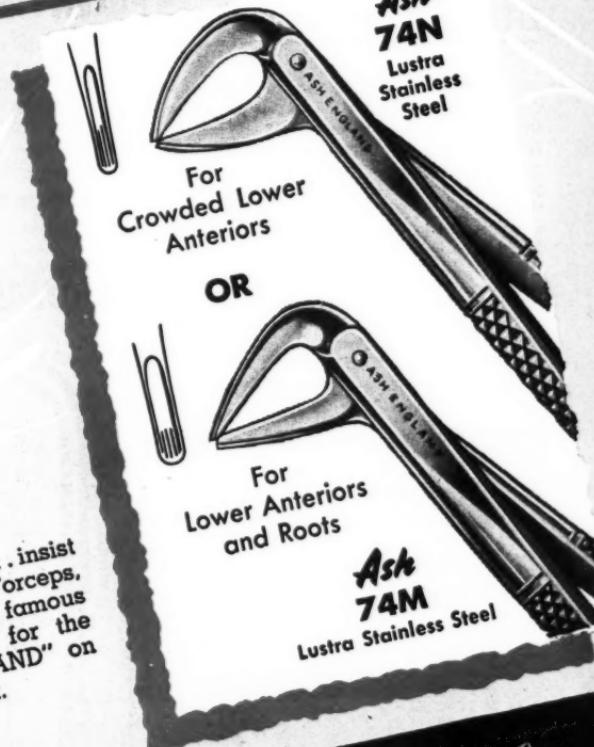
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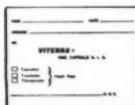
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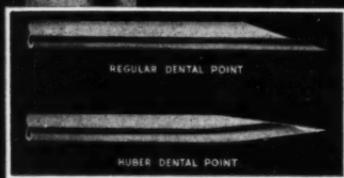
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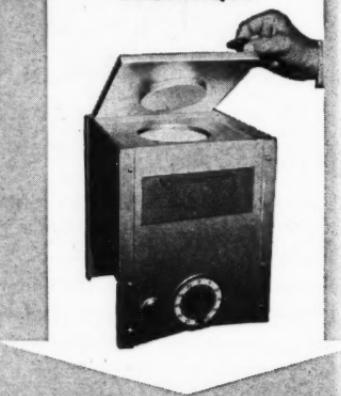


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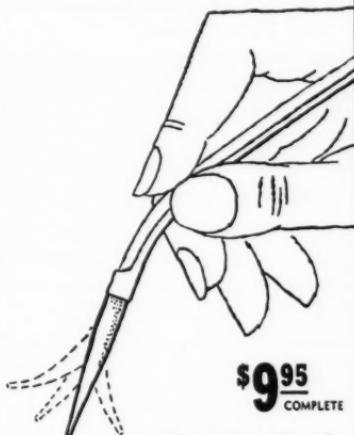
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